2nd NOTICE: **Limited Liability Company Will Be Dissolved On Or After August 23, 1995. If Dissolved, Minimum Amount Due To Reinstate: $738.75**

APPROVED AND FILED

95 JUL -6 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 263.75 | Annual Report $100.00 + $138.75 Corporation Supplemental Fee + $25.00 LATE FEE | Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M94000000086

FORUM INVESTMENTS I, L.L.C., L.C.
P.O. BOX 40498
INDIANAPOLIS IN 46240-0498

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

1a. Principal Place of Business Address
8900 KEYSTONE CROSSING, SUITE
INDIANAPOLIS IN

2. Mailing Address	2a. Principal Place of Business	3. Date Organized or Qualified	3a. State of Formation
	8900 Keystone Crossing	09/02/1994	DE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
	Suite 200	35-1930956	☐ Not Applicable
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
	Indianapolis, IN		$8.75 Additional Fee Required ☐
Zip / Country	Zip / Country		
1	46240 Marion		

7. Name and Address of Current Registered Agent

MEYER, MARY
C/O BAYPOINT VILLAGE
7927 STATE ROAD 52
HUDSON FL 34667

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City | Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WHITMAN, ROBERT A	2200 ROSS AVENUE, SUITE 42	DALLAS TX
MGR	DECKER, DANIEL A	2200 ROSS AVENUE, SUITE 42	DALLAS TX
MGR	SHIVELY, PAUL	8900 KEYSTONE CROSSING, SU	INDIANAPOLIS IN
MGR	~~SHARPE, JOHN~~ Huber, Richard A.	8900 KEYSTONE CROSSING, SU	INDIANAPOLIS IN

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****263.75 ****263.75

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11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Paul Shively 6/6/95 (317)575-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

IN195E10 R(4-95)