


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M95000000030 1. Entity Name FORESTER LAND & DEVELOPMENT, L. C.					
Principal Place of Business CORAL REEF 6609 THOMAS DR. 1206 PANAMA CITY BEACH FL 32408			Mailing Address 2241 TOMS CREEK ROAD MARTIN GA 30557		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-2169863 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CORAL REEF 6609 THOMAS DRIVE, #1206 PANAMA CITY BEACH FL 32408	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MRGM FORESTER, WILLIAM D 2241 TOMS CREEK ROAD MARTIN GA 30557	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000238093 02/21/05-80084-011 50.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MRGM FORESTER, BETTY S 2241 TOMS CREEK ROAD MARTIN GA 30557	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E083 (10/04)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: W D Forester 2-18-05 706-384-4884
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #