


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Mar 21, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M95000000030</b>	
<b>1. Entity Name</b> FORESTER LAND & DEVELOPMENT, L. C.	

<b>Principal Place of Business</b> CORAL REEF 6609 THOMAS DR. 1206 PANAMA CITY BEACH FL 32408	<b>Mailing Address</b> 2241 TOMS CREEK ROAD MARTIN GA 30557
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

<b>4. FEI Number</b> 58-2169863	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  CORAL REEF 6609 THOMAS DRIVE, #1206 PANAMA CITY BEACH FL 32408
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<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>MRGM</b> FORESTER, WILLIAM D 2241 TOMS CREEK ROAD MARTIN GA 30557 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<b>MRGM</b> FORESTER, BETTY S 2241 TOMS CREEK ROAD MARTIN GA 30557 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000674592 03/29/07-80076-005 50.00
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *Betty S. Forester* *3-17-07 706-384-4884*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #