2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006
Secretary of State

DOCUMENT# M99000001532

Entity Name: FOREST SYSTEMS, LLC

Current Principal Place of Business:

51 MIAN STREET
N. EASTON, MA 02356

New Principal Place of Business:

Current Mailing Address:

51 MIAN STREET
N. EASTON, MA 02356

New Mailing Address:

FEI Number: 04-3404805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LAMPE, THOMAS K CNTRL	
Address:	51 MIAN STREET	
City-St-Zip:	N. EASTON, MA 02356	
Title:	MGR	( ) Delete
Name:	SMITH, RICK	
Address:	51 MIAN STREET	
City-St-Zip:	N. EASTON, MA 02356	
Title:	MGR	( ) Delete
Name:	CARROLL, FRANK	
Address:	51 MIAN STREET	
City-St-Zip:	N. EASTON, MA 02356	
Title:	MGR	( ) Delete
Name:	SACCO, SCOTT	
Address:	51 MIAN STREET	
City-St-Zip:	N. EASTON, MA 02356	
Title:	MGR	( ) Delete
Name:	WALLERSTEIN, STANLEY	
Address:	ONE GATEWAY CENTER SUITE 350	
City-St-Zip:	NEWTON, MA 02458	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS LAMPE MR 08/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date