

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001782

Entity Name: FORESITE, LLC

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

22 INVERNESS CENTER PARKWAY, SUITE 500
BIRMINGHAM, AL 35242

New Principal Place of Business:

22 INVERNESS CENTER PARKWAY
SUITE 500
BIRMINGHAM, AL 35242

Current Mailing Address:

22 INVERNESS CENTER PARKWAY, SUITE 500
BIRMINGHAM, AL 35242

New Mailing Address:

22 INVERNESS CENTER PARKWAY
SUITE 500
BIRMINGHAM, AL 35242

FEI Number: 63-1220725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MGRM () Delete
Name: SMITH, MIXHAEL L
Address: 22 INVERNESS CENTER PKWY SUITE 500
City-St-Zip: BIRMINGHAM, AL 35242

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, MICHAEL L
Address: 22 INVERNESS CENTER PKWY SUITE 500
City-St-Zip: BIRMINGHAM, AL 35242

Title: CFO () Change (X) Addition
Name: YOUNG, KRISTA M
Address: 22 INVERNESS CENTER PARKWAY, SUITE 500
City-St-Zip: BIRMINGHAM, AL 35242

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: KRISTA M. YOUNG

CFO

01/04/2007

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