

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000009545

1. Entity Name  
FOUNDATION III, LLC



Principal Place of Business  
5601 CORPORATE WAY  
STE 404  
WEST PALM BEACH, FL 33407

Mailing Address  
5601 CORPORATE WAY  
STE 404  
WEST PALM BEACH, FL 33407



07022004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1031534

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAXMAN, BRIAN K  
5601 CORPORATE WAY  
STE 404  
WEST PALM BEACH, FL 33407

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WAXMAN, BRIAN K
STREET ADDRESS	5601 CORPORATE WAY STE 404
CITY-STATE-ZIP	WEST PALM BEACH, FL 33407

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U00000168159  
07/26/04-80002-015 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/24/04 (561)687-5800