

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054376

Entity Name: THE FOUTZ GROUP, LLC

FILED  
Feb 10, 2006  
Secretary of State

**Current Principal Place of Business:**

1663 REDWOOD GROVE TERRACE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

1663 REDWOOD GROVE TERRACE  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 20-1431326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOUTZ, CHERYL A  
1663 REDWOOD GROVE TERRACE  
LAKE MARY, FL 32746 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: FOUTZ, CHERYL A  
Address: 1663 REDWOOD GROVE TERRACE  
City-St-Zip: LAKE MARY, FL 32746

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

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

**ADDITIONS/CHANGES:**

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

Title: PRES ( ) Change (X) Addition  
Name: FOUTZ, ROBERT S  
Address: 109 OAKVIEW PLACE  
City-St-Zip: SANFORD, FL 32773

Title: V.P. ( ) Change (X) Addition  
Name: FOUTZ, RICHARD E  
Address: 162 BRIGHTVIEW PLACE  
City-St-Zip: LAKE MARY, FL 32746

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: CHERYL A. FOUTZ

MGR

02/10/2006

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