

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123000

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** THE W A FOSTER GROUP L. L. C.

**Current Principal Place of Business:**

1270 N. WICKHAM ROAD  
SUITE 16 #802  
MELBOURNE, FL 32934 US

**New Principal Place of Business:**

**Current Mailing Address:**

1270 N. WICKHAM ROAD  
SUITE 16 # 802  
MELBOURNE, FL 32934 US

**New Mailing Address:**

1270 N. WICKHAM ROAD  
SUITE 16 #802  
MELBOURNE, FL 32934 US

**FEI Number:** 27-4236116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOSTER, WALTER A  
1270 N. WICKHAM RD.  
SUITE 16 #802  
MELBOURNE, FL 32934 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  
**Name:** FOSTER, WALTER A  
**Address:** 1270 N. WICKHAM RD. SUITE 16 #802  
**City-St-Zip:** MELBOURNE, FL 32934 US

I hereby 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:** WALTER A FOSTER

MGN

04/25/2011

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