2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90224 008 ****50.00

0033118

DOCUMENT # L00000009545

1. Entity Name

FOUNDATION III, LLC

Principal Place of Business	Mailing Address
3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS FL 33403	3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS FL 33403

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5601 Corporate Way		5601 Corporate Way	
Suite, Apt. #, etc.: Suite 404		Suite, Apt. #, etc.: Suite 404	
City & State: West Palm Beach FL		City & State: West Palm Beach FL	
Zip: 33407	Country: US	Zip: 33407	Country: US

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	7. Name and Address of New Registered Agent
WAXMAN, BRIAN K 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS FL 33403	Name: Waxman, Brian K. Street Address (P.O. Box Number is Not Acceptable): 5601 Corporate Way Suite 404 City: West Palm Beach FL Zip Code: 33407

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.

SIGNATURE [signature] 4/29/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAXMAN, BRIAN K 3555 NORTHLAKE BOULEVARD PALM BEACH GARDENS FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Waxman, Brian K 5601 Corporate Way Suite 404 West Palm Beach, FL 33407	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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 REQUIRED [signature], Managing Member 4/29/02 561-689-2380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #