2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Feb 03, 2005 8:00 am Secretary of State

02-03-2005 90112 006 ****50.00

2000/340



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number			Applied For
65-1031534	 	-	Not Applicable
5. Certificate of Status Desired	\$5.0		Additional ured

5. Name and Address of Current Registered Agent

WAXMAN, BRIAN K 5601 CORPORATE WAY STE 404

DO	N	Ö	T	W	R	IT	Ε
IN	TH		S	SF	PA	C	E

STE 404 WEST PAI	IM BEACH, FL 33407- 10-4-1.	IN THIS SPACE
	named entity submits this statement for the purpose of changing its register ions of registered agent:	1 red office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	ed Agent signature required when reinstating) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005	The control of the co
9. ,	· MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAXMAN, BRIAN K 5601 CORPORATE WAY STE 404 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE		

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

1/31/05

(561)6875800

Daytime Phone #