

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90224 008 ****50.00

DOCUMENT # L00000009545

1. Entity Name

FOUNDATION III, LLC

Principal Place of Business

**3555 NORTHLAKE BOULEVARD
 PALM BEACH GARDENS FL 33403**

Mailing Address

**3555 NORTHLAKE BOULEVARD
 PALM BEACH GARDENS FL 33403**

2. Principal Place of Business

5601 Corporate Way

Suite, Apt. #, etc.

Suite 404

City & State

West Palm Beach FL

Zip

33407

Country

US

3. Mailing Address

5601 Corporate Way

Suite, Apt. #, etc.

Suite 404

City & State

West Palm Beach FL

Zip

33407

Country

US



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
 3555 NORTHLAKE BOULEVARD
 PALM BEACH GARDENS FL 33403**

7. Name and Address of New Registered Agent

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]

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/29/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **WAXMAN, BRIAN K**
 STREET ADDRESS **3555 NORTHLAKE BOULEVARD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33403**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **Waxman, Brian K**
 STREET ADDRESS **5601 Corporate Way Suite 404**
 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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]

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

Date

Daytime Phone #

4/29/02 561-689-2380

CR2E083 (9/01)