

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006180

**FILED**  
**Feb 17, 2006**  
**Secretary of State**

**Entity Name:** FOUNDATION COMMERCE CENTER, L.L.C.

**Current Principal Place of Business:**

3391 BAYSIDE LAKES BLVD  
PALM BAY, FL 32909

**New Principal Place of Business:**

770 NORTH DRIVE  
SUITE A  
MELBOURNE, FL 32934

**Current Mailing Address:**

3391 BAYSIDE LAKES BLVD  
PALM BAY, FL 32909

**New Mailing Address:**

770 NORTH DRIVE  
SUITE A  
MELBOURNE, FL 32934

**FEI Number:** 03-0446637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEFFERIES, BENJAMIN E  
3391 BAYSIDE LAKES BLVD  
PALM BAY, FL 32909 US

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

JEFFERIES, BENJAMIN E  
770 NORTH DRIVE  
SUITE A  
MELBOURNE, FL 32934 US

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: BENJAMIN E JEFFERIES

02/17/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JEFFERIES, BENJAMIN E  
Address: 3391 BAYSIDE LAKES BLVD  
City-St-Zip: PALM BAY, FL 32909

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JEFFERIES, BENJAMIN E  
Address: 770 NORTH DRIVE SUITE A  
City-St-Zip: MELBOURNE, FL 32934

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: BENJAMIN E JEFFERIES

MGRM

02/17/2006

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