

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000935

FILED
Jan 03, 2007
Secretary of State

Entity Name: THE LAW OFFICE OF JOHANNE FOSTER, LLC

Current Principal Place of Business:

7491 WEST OAKLAND PARK BOULEVARD
SUITE# 200-10
LAUDERHILL, FL 33319

New Principal Place of Business:

440 SAWGRASS CORPORATE PARKWAY
SUITE# 100
SUNRISE, FL 33325

Current Mailing Address:

7491 WEST OAKLAND PARK BOULEVARD
SUITE# 200-10
LAUDERHILL, FL 33319

New Mailing Address:

10125 WEST OAKLAND PARK BOULEVARD
SUITE# 342
SUNRISE, FL 33351

FEI Number: 02-0670902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, JOHANNE
7491 WEST OAKLAND PARK BOULEVARD
SUITE# 200-10
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

FOSTER, JOHANNE
440 SAWGRASS CORPORATE PARKWAY
SUITE# 100
SUNRISE, FL 33325 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: JOHANNE FOSTER

01/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOSTER, JOHANNE
Address: 7491 WEST OAKLAND PARK BLVD 2ND FLR
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOSTER, JOHANNE
Address: 440 SAWGRASS CORPORATE PARKWAY #100
City-St-Zip: SUNRISE, FL 33325

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: JOHANNE FOSTER

MGRM

01/03/2007

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