

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013363

**FILED**  
**Jan 30, 2006**  
**Secretary of State**

**Entity Name:** FOUNDATION SOFTWARE TOOLS, LLC

**Current Principal Place of Business:**

16747 FOX TRAIL LN  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

16747 FOX TRAIL LN  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

P O BOX 18074  
WEST PALM BEACH, FL 33416

**FEI Number:** 01-0789853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEAVERS, REGINALD W  
16747 FOX TRAIL LN  
LOXAHATCHEE, FL 33470 US

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

BEAVERS, REGINALD W  
P O BOX 18074  
WEST PALM BEACH, FL 33416 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: REGINALD BEAVERS

01/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BEAVERS, REGINALD W  
Address: 16747 FOX TRAIL LN  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BEAVERS, REGINALD W  
Address: P O BOX 18074  
City-St-Zip: WEST PALM BEACH, FL 33416

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: REGINALD BEAVERS

MGR

01/30/2006

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