

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032645

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** THE FOULKE LIMITED LIABILITY COMPANY, LLC

**Current Principal Place of Business:**

100 SE 5TH AVENUE  
#409  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

100 SE 5TH AVENUE  
#409  
BOCA RATON, FL 33432

**New Mailing Address:**

6030 NW 68TH STREET  
PARKLAND, FL 33067

**FEI Number:** 05-0585568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUGHES, M. DANIEL  
3000 NORTH FEDERAL HIGHWAY  
BUILDING TWO SOUTH STE. 200  
FORT LAUDERDALE, FL 33306 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOULKE, BRION  
Address: 100 SE 5TH AVENUE #409  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM (X) Delete  
Name: FOULKE, DAVID L  
Address: 6030 NW 68TH STREET  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FOULKE, DAVID  
Address: 6030 NW 68TH STREET  
City-St-Zip: PARKLAND, FL 33067

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID L. FOULKE

MGRM

04/10/2006

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