

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036639

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: FIRESIDE FOUNDATION, LLC

**Current Principal Place of Business:**

1892 HALIFAX DR.  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

P.O. BOX 291538  
PORT ORANGE, FL 3212

**Current Mailing Address:**

P.O. BOX 291538  
PORT ORANGE, FL 32129

**New Mailing Address:**

FEI Number: 20-0257617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PYLE, MICHAEL A  
1655 NORTH CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32117 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: MGR ( ) Delete  
Name: WARNER, KARL J MGR  
Address: 1892 HALIFAX DRIVE  
City-St-Zip: PORT ORANGE, FL 32128 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WARNER, KARL J MGR  
Address: P.O. BOX 291538  
City-St-Zip: PORT ORANGE, FL 32129 US

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: KARL J. WARNER

MGR

04/17/2006

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