2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 23, 2006
Secretary of State

DOCUMENT# L04000048699

Entity Name: THE FOSTER GROUP, LLC

Current Principal Place of Business:

115 S. FIELDING AVENUE
TAMPA, FL 33606

New Principal Place of Business:

200 CENTRAL AVENUE
SUITE 2300
ST. PETERSBURG, FL 33701

Current Mailing Address:

115 S. FIELDING AVENUE
TAMPA, FL 33606

New Mailing Address:

200 CENTRAL AVENUE
SUITE 2300
ST. PETERSBURG, FL 33701

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WALTER H IV
115 S. FIELDING AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

FOSTER, JOANN M
200 CENTRAL AVENUE
SUITE 2300
ST. PETERSBURG, FL 33701 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: JOANN M. FOSTER 09/23/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FOSTER, JOANN Q
Address: 115 S. FIELDING AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: MGR (X) Delete
Name: FOSTER, WALTER H IV
Address: 115 S. FIELDING AVENUE
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOSTER, JOANN M
Address: 200 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: JOANN M. FOSTER PRES 09/23/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date