2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000066504

1. Entity Name
C. FOUST PROPERTIES, LLC

Principal Place of Business	Mailing Address
4306 KERNEL CIRCLE FORT MYERS, FL 33916	4306 KERNEL CIRCLE FORT MYERS, FL 33916

DO NOT WRITE IN THIS SPACE

01252008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1636268	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON-FOUST, PATRICIA B
4306 KERNEL CIRCLE
FORT MYERS, FL 33916

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
_____
Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	NICHOLSON-FOUST, PATRICIA B
STREET ADDRESS	4306 KERNEL CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33916
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02/21/08-80018-013 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _Patricia B Nicholson-Foust, Pres._   2-4-08   239-939-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #