

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90169 033 ****50.00

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1. Entity Name

FOUNDATION PARK OFFICES, LLC



Principal Place of Business

269 SOUTH OSPREY AVENUE, SUITE 200
SARASOTA, FL 34236

Mailing Address

269 SOUTH OSPREY AVENUE, SUITE 200
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE



01192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1705835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAGNER, E. JOHN II
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUSSELL, STEPHEN D
269 S. OSPREY AVE., SUITE 200
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LAYTON, CATHY L
269 S. OSPREY AVE., SUITE 200
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LAWSON, DON
107 S. OSPREY AVE., SUITE 200
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LAWSON, LISA
107 S. OSPREY AVE., SUITE 200
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/20/06

941 953 3707