


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L05000031471 1. Entity Name FOSTER CIRCLE, LLC	
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Principal Place of Business 400NW 183 STREET MIAMI GARDENS, FL 33169	Mailing Address 400NW 183 STREET MIAMI GARDENS, FL 33169
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DO NOT WRITE IN THIS SPACE



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2598696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOSTER, DEXTER
400 NW 183 STREET
MIAMI GARDENS, FL 33169**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

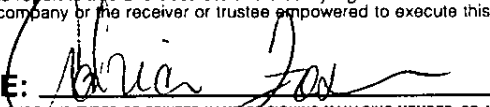
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, DEXTER 400 NW 183 STREET MIAMI GARDENS, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOSTER, ADRIAN 400 NW 183 STREET MIAMI GARDENS, FL 33169
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**U000000762951
05/29/07-80033-018 55.00**

**DO NOT WRITE
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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 provided in Chapter 608, Florida Statutes.

SIGNATURE:  **RECEIVED MAY 02 2007** **4/25/07** **305-249-2000**

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

CIU-REV/ADM