

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000061850

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** FOSTER'S MANAGEMENT & INVESTMENTS LLC

**Current Principal Place of Business:**

2520 WILD WOOD DRIVE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

3394 SOFT BREEZE CIR  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

2520 WILD WOOD DRIVE  
MELBOURNE, FL 32935

**New Mailing Address:**

3394 SOFT BREEZE CIR  
WEST MELBOURNE, FL 32904

**FEI Number:** 04-3837485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOSTER, CYNTHIA M  
2520 WILD WOOD DRIVE  
MELBOURNE, FL 32935 US

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

FOSTER, CYNTHIA M  
3394 SOFT BREEZE CI  
WEST MELBOURNE, FL 32904 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:**

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** FOSTER, CYNTHIA M  
**Address:** 3394 SOFT BREEZE CI  
**City-St-Zip:** WEST MELBOURNE, FL 32904

**Title:** MGR  
**Name:** FOSTER, CHRISTOPHER A  
**Address:** 3394 SOFT BREEZE CIR  
**City-St-Zip:** WESR MELBOURNE, FL 32904

I hereby 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:** CYNTHIA M. FOSTER

MRS

04/27/2012

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