

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90183 025 ****50.00

DOCUMENT # L06000067860 1. Entity Name FOSTER'S FAMILY CAR CARE L.L.C.																																																																													
Principal Place of Business 967 BLANDING BLVD., SUITE B ORANGE PARK, FL 32065			Mailing Address 967 BLANDING BLVD., SUITE B ORANGE PARK, FL 32065																																																																										
2. Principal Place of Business - No P.O. Box # 406 MADISON AVE		3. Mailing Address 406 MADISON AVE		 07022007 Chg-LLC CR2E083 (12/06)																																																																									
Suite, Apt. #, etc. SUITE 3		Suite, Apt. #, etc. SUITE 3																																																																											
City & State ORANGE PARK FL		City & State ORANGE PARK FL																																																																											
Zip 32065	Country US	Zip 32065	Country US																																																																										
4. FEI Number 20-5085854				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, JOHNNY JAMES 967 BLANDING BLVD., SUITE B ORANGE PARK, FL 32065																																																																									
7. Name and Address of New Registered Agent Name JOHNNY JAMES FOSTER Street Address (P.O. Box Number is Not Acceptable) 406 MADISON AVE SUITE 3 City ORANGE PARK FL Zip Code 32065																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																													
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FOSTER, JOHNNY JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2752 RED BIRD LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIDDLEBURG, FL 32043</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FOSTER, SHARON EBERLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>624 S. EPPERSON ST.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>STARKE, FL 32091</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	FOSTER, JOHNNY JAMES		STREET ADDRESS	2752 RED BIRD LANE		CITY - ST - ZIP	MIDDLEBURG, FL 32043		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	FOSTER, SHARON EBERLE		STREET ADDRESS	624 S. EPPERSON ST.		CITY - ST - ZIP	STARKE, FL 32091		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: SHARON EBERLE FOSTER <i>Sharon Eberle Foster</i> 8-14-07 904-964-3245																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																													
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