2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)-

DOCUMENT # L06000109813

## FILED Jun 21, 2007 8:00 am Secretary of State 05-01-2007 90314 018 \*\*\*\* 50.00

<ol> <li>Entity Nam</li> </ol>	10			<u> </u>			
SEAN FO	OSTER LLC			9			
Principal Plac	o of Business	Mailing Address		30077000			
Principal Place of Business		•			, •		
5310 - G ELMHURST ROAD WEST PALM BEACH FL 33417		5310 - G ELMHURST ROAD WEST PALM BEACH FL 33417					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		- I tealigh ou gave our sale s	- HA - S S S S S S S-	12161 12121 11582	CETTAL III IBAI
Suite, Apt. #, etc.		Suite, Apl. #, etc.		1st MOORE	CR2E083	(10/06)	
City & Stato		City & State		4. FEI Number 87-078773	٩	<del></del>	pplied For or Applicable
Zıp 	Country	Zip	Country	5. Certificate of Status Desired	ر ت	\$5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New	Registered A	gent	
FOSTER, SEAN M			- Telling	<del></del>			
531	0 - G ELMHURST ROAD ST PALM BEACH FL 33417		Street Address	(P.O. Box Number is Not Acceptab	ele)		
			City		FL	Zip Cod	le
8. The above the obligat	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered office or registe	ered agent, or both, in the State of F	lorida. 1 am f	amiliar with,	and accept
SIGNATURE .	Signature, typica or crimed many of registrated again	and rule if applicable. (NOT	Е: Рефунство Арені відпаните година	ed when reinscaning)	DATE		
		FILEN	OW!!! FEE IS \$50.00				
•			le to Florida Departme	ent of State			
		Du	e By May 1, 2007				ı
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS	CHANGES		<del></del>
DRU.	MGR	☐ Delete	nin			Change	Addition
NAME	FOSTER, SEAN M		NAM				
STREET ADDRESS	5310-G ELMHURST ROAD		STRELLADDRESS				
CHY-SI-ZIP	WEST PALM BEACH FL 33417	<del></del>	CITY-SI-7IP				
NAMI		☐ Deleie	titlé. Nami.			☐ Change	Addilion
SIRITI ADORESS			STREET ADORESS				ĺ
CATY-SI-7IP			CITY-S1-7P				
Titu		☐ Octob	IIDI.			Change	Addition
NYANK			NAME.		_	( )_canaa.	J.,1 740(18187
STREET ADDRESS			STRUTT ADDRESS				
GIY-SI-7IP			CITY-S/-7IP				
IMUE		Delete	thit			☐ Change	Addition
NAMI			NAME.				
SIRREI ADDRESS CITY+SI-ZIP			STREFT ADORLSS CITY-ST-7IP				
HIII		Delete	MILE			Change	Addition
NAM!			NAME CITALL ADDRESS				
CITY-S1-71P			STREET ADDRESS CITY-SE-ZIP		<b></b>		
nin		☐ Delete	filt			☐ Change	Addition
NAMI'			NAMI CTREE ADDRESS				
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-71P				
indicated	certify that the information supplied wit on this report is true and accurate an ibility company or the receiver or truste	that my signaturo shall hav	e the same legal effect as	if made under eath; that I am a m.	I further certi anaging mem	ty that the in ber or mana	nformation agor of the
	1			11/1	7		
SIGNAT	URE:	F BIGNING MANAGING MEMBER, MA	MAGER, OR AUTHORIZED REPRIES	9/17/0		varue Phone #	