

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116777

FILED
Apr 09, 2007
Secretary of State

Entity Name: FOUNDATION MORTGAGE SERVICES, LLC

Current Principal Place of Business:

1015 STATE ROAD 436, SUITE 213
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

127 W. FAIRBANKS AVE
PMB 509
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-1122059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLZKAMP, F.W. IV
1015 STATE ROAD 436, SUITE 213
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

FOUNDATION COMPANIES, LLC
1015 STATE ROAD 436, SUITE 213
CASSELBERRY, FL 32707 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: F. W. HOLZKAMP IV

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMPSON, L.C.
Address: 1015 STATE ROAD 436, SUITE 213
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Delete
Name: HENRIQUEZ, M.
Address: 1015 STATE ROAD 436, SUITE 213
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR (X) Delete
Name: HOLZKAMP, F.W. IV
Address: 1015 STATE ROAD 436, SUITE 213
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOUNDATION COMPANIES, , LLC
Address: 1015 STATE ROAD 436, SUITE 213
City-St-Zip: CASSELBERRY, FL 32707 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: F. W. HOLZKAMP IV

MGR

04/09/2007

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