

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000037526

FILED
Jan 31, 2008
Secretary of State

Entity Name: FOUNDATION COMPANIES, LLC

Current Principal Place of Business:

1015 STATE ROAD 436, SUITE 213
CASSELBERRY, FL 32707 US

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-8800630

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:

HOLZKAMP, F. W. IV
127 W. FAIRBANKS AVE, PMB 509
WINTER PARK, FL 32789 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:

01/31/2008

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 US

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, L. C.
Address: 127 W. FAIRBANKS AVE, PMB 509
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR (X) Change () Addition
Name: HOLZKAMP, F. W. IV
Address: 127 W. FAIRBANKS AVE, PMB 509
City-St-Zip: WINTER PARK, FL 32789 US

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

I hereby certify that the information supplied with this filing does not qualify 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

01/31/2008

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