

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033045

Entity Name: FOREIGNITY GROUP LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

133 NE 2ND AVE
APT. 2112
MIAMI, FL 33132 US

Current Mailing Address:

133 NE 2ND AVE
APT. 2112
MIAMI, FL 33132 US

New Principal Place of Business:

6230 PEMBROKE RD
SUITE 3
HOLLYWOOD, FL 33023 US

New Mailing Address:

6230 PEMBROKE RD
SUITE 3
HOLLYWOOD, FL 33023 US

FEI Number: 26-2301209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, LEE A
133 NE 2ND AVE
APT. 2112
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

ADAMS, CLARENCE
6230 PEMBROKE RD
SUITE 3
HOLLYWOOD, FL 33023 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: CLARENCE ADAMS

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RICE, LEE A
Address: 133 NE 2ND AVE, APT 2112
City-St-Zip: MIAMI, FL 33132 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RICE, LEE
Address: 6230 PEMBROKE RD SUITE 3
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: MGRM () Change (X) Addition
Name: PESTANO-RICE, NATASHA
Address: 6230 PEMBROKE RD SUITE 3
City-St-Zip: HOLLYWOOD, FL 33023 US

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: LEE RICE

MGRM

03/16/2009

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