

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003337

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: FOSTER MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

3780 BAYBERRY LANE  
EAGAN, MN 55123

**New Principal Place of Business:**

**Current Mailing Address:**

3780 BAYBERRY LANE  
EAGAN, MN 55123

**New Mailing Address:**

FEI Number: 68-0528310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, LYNN SEEGER  
639 ORCHID DR.  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

SARAZEN, HEATHER  
754 PARK AVENUE  
NAPLES, FL 34110 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: HEATHER SARAZEN

04/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOSTER, FRANCIS TODD  
Address: 3780 BAYBERRY LANE  
City-St-Zip: EAGAN, MN 55123 US

Title: MGRM ( ) Delete  
Name: SARAZEN, HEATHER F  
Address: 754 PARK AVENUE  
City-St-Zip: NAPLES, FL 34110 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FOSTER, FRANCIS T  
Address: 3780 BAYBERRY LANE  
City-St-Zip: EAGAN, MN 55123 US

Title: MGRM (X) Change ( ) Addition  
Name: SARAZEN, HEATHER  
Address: 754 PARK AVENUE  
City-St-Zip: NAPLES, FL 34110 US

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: FRANCIS T FOSTER

PRES

04/20/2006

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