

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003337

1. Entity Name
FOSTER MANAGEMENT, LLC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:18

Principal Place of Business
3780 BAYBERRY LANE
EAGAN MN 55123

Mailing Address
3780 BAYBERRY LANE
EAGAN MN 55123



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 68-0528310

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, LYNN SEEGER
639 ORCHID DR.
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~President~~ ☐ Delete
NAME ~~Lynn S. Foster~~
STREET ADDRESS ~~639 Orchid Dr.~~
CITY-ST-ZIP ~~Naples FL 34102~~

TITLE President ☐ Change ☒ Addition
NAME Lynn Seeger Foster
STREET ADDRESS 639 Orchid Dr.
CITY-ST-ZIP Naples FL 34102

TITLE ~~VP/Treasurer~~ ☐ Delete
NAME ~~Francis Todd Foster~~
STREET ADDRESS ~~3780 Bayberry Lane~~
CITY-ST-ZIP ~~Eagan MN 55123~~

TITLE VP/Treasurer ☐ Change ☒ Addition
NAME Francis Todd Foster
STREET ADDRESS 3780 Bayberry Lane
CITY-ST-ZIP Eagan MN 55123

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

REQUIRED

9.22.03

612.363.7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)