2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003451

1. Entity Name
FOSTER I.R.C., LLC

Principal Place of Business	Mailing Address
250-A TWIN DOLPHIN DRIVE REDWOOD CITY, CA 94065	250-A TWIN DOLPHIN DRIVE REDWOOD CITY, CA 94065

DO NOT WRITE IN THIS SPACE

07012005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
27-0095851	Not Applicable

5. Certificate of Status Desired   ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

Filing Fee is $50.00
Due by September 7, 2005

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07/12/05-80002-005 55.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	FOSTER, MARK	
STREET ADDRESS	250-A TWIN DOLPHIN DRIVE	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	
TITLE	MGR	
NAME	FOSTER, TODD	
STREET ADDRESS	250-A TWIN DOLPHIN DRIVE	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _____   7/1/05   650-622-2801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #