

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003451

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



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

Mailing Address
250-A TWIN DOLPHIN DRIVE
REDWOOD CITY, CA 94065



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0095851

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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 consenting)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

100000401743
02/02/06 80059-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FOSTER, MARK
250-A TWIN DOLPHIN DRIVE
REDWOOD CITY, CA 94065

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FOSTER, TODD
250-A TWIN DOLPHIN DRIVE
REDWOOD CITY, CA 94065

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

1-6-05 650-222-2801

Date

Daytime Phone #