


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2007 8:00 am
Secretary of State

06-13-2007 90092 001 ****50.00

DOCUMENT # M04000005333	
1. Entity Name FOUNDATION FINANCIAL GROUP, LLC	

Principal Place of Business 100 GALLERIA PKWY., SUITE 1400 ATLANTA, GA 38339	Mailing Address 100 GALLERIA PKWY., SUITE 1400 ATLANTA, GA 38339
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60051839



2. Principal Place of Business - No P.O. Box # 100 Galleria Pkwy Suite, Apt. #, etc. Suite 1400 City & State Atlanta, GA Zip 30339 Country Cobb	3. Mailing Address 225 Water St. Suite, Apt. #, etc. Suite 2000 City & State Jacksonville, FL Zip 32202 Country Duval
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05312007 Chg-LLC CR2E083 (12/06)

4. FEI Number 57-1193906	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ISAAC, ELIAS S 225 WATER STREET, 2100 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent	
Name Elias Isaac	
Street Address (P.O. Box Number is Not Acceptable) 225 Water St.	
Suite 2000	
City Jacksonville	FL Zip Code 32202

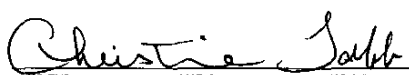
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE 6/5/07
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Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISAAC, ELIAS 225 WATER STREET, 2100 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, PAUL 100 GALLERIA PKWY, SUITE 1400 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, KRIS 100 GALLERIA PKWY, SUITE 1400 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTEY, MIKE 225 WATER ST., SUITE 200 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Christina Tabb	5-31-07	904-861-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #