

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000001323

**Entity Name:** FOSTER FINANCIAL LLC

**FILED**  
**Feb 26, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3450 OLD WASHINGTON ROAD STE 103  
WALDORF, MD 20602

**New Principal Place of Business:**

**Current Mailing Address:**

3450 OLD WASHINGTON ROAD STE 103  
WALDORF, MD 20602

**New Mailing Address:**

**FEI Number:** 20-0620222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDONALD, THOMAS  
2565 HAINES BAY SHORE ROAD  
CLEARWATER, FL 33760 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOSTER, MICHAEL R  
Address: 3450 OLD WASHINGTON ROAD STE 103  
City-St-Zip: WALDORF, MD 20602

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL R FOSTER

MGRM

02/26/2007

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