


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Mar 17, 2008 08:00 AM
Secretary of State**

DOCUMENT # A98000002020 1. Entity Name FOUNTAIN COURT, LTD.	
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Principal Place of Business 8250 COLLEGE PARKWAY #201 FORT MYERS, FL 33919	Mailing Address 8250 COLLEGE PARKWAY #201 FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0865874	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVAN, TERRIS T 8250 COLLEGE PARKWAY #201 FORT MYERS, FL 33919

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**


12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P98000068761
NAME	FCP OF SOUTH FLORIDA, INC.
STREET ADDRESS	8250 COLLEGE PARKWAY #201
CITY-ST-ZIP	FORT MYERS, FL 33919
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000862251
04/03/08-80042-012 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  TERRIS LEVAN	Date 3/13/08	Daytime Phone # 239-482-4580
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