



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90419 004 ****50.00

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|---|--|--|---|--|--|
| DOCUMENT # L03000034109 1. Entity Name FOUNTAIN PROFESSIONAL CENTRE, L.L.C. | | | |  | |
| Principal Place of Business 8438 GULF BLVD., STE. B NAVARRE BEACH, FL 32566 | | | | Mailing Address 8438 GULF BLVD., STE. B NAVARRE BEACH, FL 32566 | |
| 2. Principal Place of Business 2045 Fountain Professional Suite, Apt. #, etc. Court, Suite B City & State Navarre, FL Zip 32566 | | 3. Mailing Address 2045 Fountain Professional Suite, Apt. #, etc. Court, Suite B City & State Navarre, FL Zip 32566 | |  | |
| 03162005 Chg-LLC CR2E083 (10/03) | | | | 4. FEI Number 56-2392979 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FOUNTAIN, KENNETH R 8438 GULF BLVD., STE. A NAVARRE BEACH, FL 32566 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to: Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | MGR FOUNTAIN, BETTY 8438 GULF BLVD., STE. B NAVARRE BEACH, FL 32566 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | MGR Fountain, Betty 1901 Rue La Fontaine Navarre, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | MGR FOUNTAIN, GREGORY V 8438 GULF BLVD., STE. B NAVARRE BEACH, FL 32566 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST- ZIP | MGR Fountain, Gregory V 1901 Rue La Fontaine Navarre, FL 32566 <input checked="" 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 | |
| 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 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: <u>Betty Fountain</u> 4/1/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |