

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071189

FILED
May 10, 2006
Secretary of State

Entity Name: FOUNTAIN PLUS, LLC.

Current Principal Place of Business:

9043 HERITAGE BAY CIRCLE
ORLANDO, FL 32836 US

New Principal Place of Business:

Current Mailing Address:

9043 HERITAGE BAY CIRCLE
ORLANDO, FL 32836 US

New Mailing Address:

FEI Number: 20-1684846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KAI, CONNIE
9043 HERITAGE BAY CIRCLE
ORLANDO, FL 32836 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: EMAGIC PLUS, LLC.,
Address: 9043 HERITAGE BAY CIRCLE
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM (X) Delete
Name: YAN, PEI DA
Address: 8229 LAKE SERENE DR
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES:

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

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: CONNIE KAI

MGR

05/10/2006

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