

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071189

FILED
Apr 30, 2008
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:

10907 BOCA POINTE DR
ORLANDO, FL 32836 US

Current Mailing Address:

9043 HERITAGE BAY CIRCLE
ORLANDO, FL 32836 US

New Mailing Address:

10907 BOCA POINTE DR
ORLANDO, FL 32836 US

FEI Number: 20-1684846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAI, CONNIE
9043 HERITAGE BAY CIRCLE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

KAI, CONNIE
10907 BOCA POINTE DR
ORLANDO, FL 32836 US

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: CONNIE KAI

04/30/2008

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EMAGIC PLUS, LLC.,
Address: 10907 BOCA POINTE DR
City-St-Zip: ORLANDO, FL 32836 US

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2008

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