

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025242

FILED
Apr 09, 2008
Secretary of State

Entity Name: FOUNTAIN BRIDGE DEVELOPERS, LLC

Current Principal Place of Business:

815 NW 57TH AVE. SUITE 405
MIAMI, FL 33126

New Principal Place of Business:

7321 LOS PINOS BLVD
CORAL GABLES, FL 33143

Current Mailing Address:

815 NW 57TH AVE. SUITE 405
MIAMI, FL 33126

New Mailing Address:

7321 LOS PINOS BLVD
CORAL GABLES, FL 33143

FEI Number: 20-4634234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, STE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CANTOR, SAMUEL J
2499 GLADES RD
210
BOCA RATON, FL 33431 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: SAMUEL J. CANTOR

04/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ESPINOSA, FRANCISCO A
Address: 6901 SW 69 ST
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: VILLAGAS, JOSE A
Address: 315 RIDGEWOOD
City-St-Zip: KEY BISCAIYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESPINOSA, FRANCISCO A
Address: 7321 LOS PINOS BLVD.
City-St-Zip: CORAL GABLES, FL 33143

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

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: JOSE A. VILLEGAS

MGR

04/09/2008

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