

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018464

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: FOUNTAIN PROPERTIES LLC

## Current Principal Place of Business:

14411 COMMERCE WAY  
SUITE 300  
MIAMI LAKES, FL 33016 US

## Current Mailing Address:

14411 COMMERCE WAY  
SUITE 300  
MIAMI LAKES, FL 33016 US

## New Principal Place of Business:

19333 COLLINS AVENUE  
APT. 1403  
SUNNY ISLES BEACH, FL 33160 US

## New Mailing Address:

19333 COLLINS AVENUE  
APT. 1403  
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 20-2005525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVY, JIMMY  
14411 COMMERCE WAY  
SUITE 300  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

LEVY, JIMMY  
19333 COLLINS AVENUE  
APT. 1403  
SUNNY ISLES BEACH, FL 33160 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:

04/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEVY, JIMMY  
Address: 14411 COMMERCE WAY SUITE 300  
City-St-Zip: MIAMI LAKES, FL 33016 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: LEVY, JIMMY  
Address: 19333 COLLINS AVENUE APT. 1403  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 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: JIMMY LEVY

MGR

04/16/2009

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