

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003057

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** FOUNTAIN COURT LESSEE LLC

**Current Principal Place of Business:**

C/O SITT ASSET MANAGEMENT, LLC  
ONE PENN PLAZA, SUITE 3430  
NEW YORK, NY 10119

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SITT ASSET MANAGEMENT, LLC  
ONE PENN PLAZA, SUITE 3430  
NEW YORK, NY 10119

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331    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:                      SITT ASSET MANAGEMENT, LLC  
Address:                      ONE PENN PLAZA, SUITE 3430  
City-St-Zip:                      NEW YORK, NY 10119

**ADDITIONS/CHANGES:**

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: JACK SITT

VP

04/28/2009

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