2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000003784

1. Entity Name
FOUNTAIN TOWERS, L.L.C.

Principal Place of Business	Mailing Address
12920 U.S. HWY 1 SEBASTIAN, FL 32958	12920 U.S. HWY 1 SEBASTIAN, FL 32958

DO NOT WRITE IN THIS SPACE

03072004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1001424
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SADHWANI, HARISH
1840 BAYVIEW CT.
VERO BEACH, FL 32963

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

000000183706
03/10/04-80050-010 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SADHWANI, HARISH
STREET ADDRESS	1840 BAYVIEW CT.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGR
NAME	SADHWANI, DEEPTI
STREET ADDRESS	1840 BAYVIEW CT.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] MGR. 3/7/04 772 5812373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #