

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004316

1. Entity Name

THE FOUNTAIN HOLDINGS, L.C.



Principal Place of Business

2921 S.W. 27TH AVENUE
COCONUT GROVE, FL 33133

Mailing Address

2921 S.W. 27TH AVENUE
COCONUT GROVE, FL 33133



01052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1056603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELAND & RUSSIN, P.A.
200 SOUTH BISCAYNE BLVD.
2420 FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000346444
04/30/05-80076-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME KAMILAR, MARK
STREET ADDRESS 2921 S.W. 27TH AVENUE
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGRM
NAME TORRES, RICARDO
STREET ADDRESS 2921 S.W. 27TH AVENUE
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGRM
NAME UTNER, DIETER
STREET ADDRESS 2921 S.W. 27TH AVENUE
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE MGRM
NAME SHEAR, GARY
STREET ADDRESS 6817 SW 81ST TERR
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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: LL

Managing Member

4/25/05

305-567-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #