

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
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



04232007 No Chg-LLC

CR2E083 (11/05)

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, 2007

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	

**DO NOT WRITE
IN THIS SPACE**

U000000743359

05/15/07-80106-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Managing Member

4/30/07

305-567-1112