## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L00000009459**

1. Entity Name

FOUNTAINVIEW INVESTMENTS UNLIMITED LLC



Principal Place of Business

1761 W. HILLSBORO BLVD

SUITE 321 DEERFIELD BEACH, FL 33442 Mailing Address

1761 W. HILLSBORO BLVD SUITE 321

DEERFIELD BEACH, FL 33442

FILED Apr 23, 2007 08:00 A Secretary of State



04192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1032842

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

BERNSTEIN, RICHARD H 22536 ESPLANADA CIRCLE W BOCA RATON, FL 33433

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8.	<ul> <li>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.</li> </ul>	I am familiar with, and accept
	the obligations of registered agent.	
۱.		
S	IGNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

U00000724288

15/02/07-80106-011 50 00

DATE

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	MGR BERNSTEIN, RICHARD H 1761 W. HILLSBORO BLVD. SUITE 321 DEERFIELD BEACH, FL 33442
NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, KAREN S 22536 ESPLANADA CIRCLE W. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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11. I hereby certify that the information supplied with this filling 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 1 am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS

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

4/19/0

454-428-1333

Daytime Phone #