



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90223 013 ****55.00

DOCUMENT # L00000010667					
1. Entity Name MAJESTIC FOUNTAINS, L.L.C.					
Principal Place of Business 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908			Mailing Address 15660 SAN CARLOS BLVD., #40 FT. MYERS, FL 33908		
2. Principal Place of Business 14742 Osprey Point Drive		3. Mailing Address 14742 Osprey Point Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006 Chg-LLC CR2E083 (11/05)	
City & State Ft. Myers FL		City & State Ft. Myers, FL		4. FEI Number 65-1040852	
Zip 33908		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPP, PAUL 18605 TAMPA ROAD FT. MYERS, FL 33912		7. Name and Address of New Registered Agent Name: DAVID A. RUSS Street Address (P.O. Box Number is Not Acceptable): 14742 Osprey Point Drive City: Ft. Myers FL Zip Code: 33908			
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: <u>David A. Russ</u> DATE: <u>2/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSS, DAVID	NAME	14742 Osprey Point Drive		
STREET ADDRESS	15660 SAN CARLOS BLVD #40	STREET ADDRESS	Ft. Myers, FL 33908		
CITY-ST-ZIP	FT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAPP, PAUL	NAME			
STREET ADDRESS	15660 SAN CARLOS BLVD #40	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAPP, MARIE	NAME			
STREET ADDRESS	15660 SAN CARLOS BLVD #40	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33908	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>David A. Russ</u>		DATE: <u>2/27/06</u>		DAYTIME PHONE #: <u>239-565-7777</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					