ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED DOCUMENT # L01000005940 Feb 02, 2005 08:00 AM Secretary of State FOUNTAIN DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 1802 SOUTH FISKE BLVD., SUITE 101 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955 01262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3561115 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CHAFFIOT, ROBERT R DO NOT WRITE 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955 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, typed or printed name of registered agent and fitte if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000211919 02/03/05-80008-006 MANAGING MEMBERS/MANAGERS TIDE MGRM NAME CHAFFIOT, ROBERT R STREET ADDRESS 1802 SOUTH FISKE BLVD., SUITE 101 CITY-ST-ZIP ROCKLEDGE, FL 32955 MGRM NAME CHAFFIOT, MARK K STREET ADDRESS 1802 SOUTH FISKE BLVD., SUITE 101 CITY-ST-ZIP ROCKLEDGE, FL 32955 me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP me IN THIS SPACE NAME STREET ADDRESS CDY-ST-7IP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 pair; 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.