

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000005940**

1. Entity Name  
FOUNTAIN DEVELOPMENT, L.L.C.



Principal Place of Business  
1802 SOUTH FISKE BLVD., SUITE 101  
ROCKLEDGE, FL 32955

Mailing Address  
1802 SOUTH FISKE BLVD., SUITE 101  
ROCKLEDGE, FL 32955



01182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3561115

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CHAFFIOT, ROBERT R  
1802 SOUTH FISKE BLVD., SUITE 101  
ROCKLEDGE, FL 32955

**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**

U000000604916  
01/30/07-80014-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CHAFFIOT, ROBERT R  
1802 SOUTH FISKE BLVD., SUITE 101  
ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CHAFFIOT, MARK K  
1802 SOUTH FISKE BLVD., SUITE 101  
ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

MARK CHAFFIOT

Date

1-23-07 321-632-3444

Daytime Phone #