

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
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**



03182008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

U00000866947
04/08/08-80040-011 138.75

**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 K. CHAFFIOT

3/18/08
Date

321-632-2444
Daytime Phone #