2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) 9/6/2005-90045-845-\$50.00 \$50.00

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THE FOUNTAINS AT AMBER LAKES, L.L.C.									05 SEP	27 A	M 9:41	iuns I
Principal Place of Business Mailing Address											7 1	
3201 CARDINAL DRIVE, 2ND FLOOR VERO BEACH FL 32961-2062				3201 CARDINAL DRIVE, 2ND FLOOR VERO BEACH FL 32961-2062					(45KB)) BII 22YB NIN 58W 88K		fil filiði Hitik Nyal í	II TERI IN ISTI
Principal Place of Business				3. Mailing Address				olk				
Suite, Apt. #, etc.			+	Suite, Apt. #, etc.				1	2nd MOORE	CR2E0	83 (5/05)	
City & State				City & State				4. FEI Number 74-3093306 Applied For Not Applied be				
Zip	Country			Zip Cou		ntry	5. Certific		ate of Status Desired		\$5.00 Ad Fee Require	ditional
	6. Name	and Address of Curre	nt Reg	gistered Agent		7. Name and Address of New Registered Agent						
CHACE DAVID B						Name						
CHASE, DAVID B 3201 CARDINAL DRIVE, 2ND FLOOR VERO BEACH FL 32961-2062						Street Address (P.O. Box Number is Not Acceptable)						
				<u> </u>								
						City				FI	Zip Cod	le
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) OATE												
FILE NOW!!! FEE IS \$ Make Check Payable to Florida De Due By September 7,							artmen	t of State	-			
9.		MANAGING MEM	BERS/	MANAGERS	10.		,		ADDITIONS/	CHANGES	5	-
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11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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: 9/24/05												
	SIGNATURE /	UNO TYPED OR PRINTED NAME	E OF SIG	NING MANAGING MEMBER, MAI	NAGER, OR	AUTHORIZED	REPRESEN	TATIVE	Date 1	C	eyterne Phone #	