04/27/2004 14:19 7273687112 RAO & ASSI

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90132 031 ****50.00

DOCUMENT # L03000029843

1. Entity Name
FOUNTAIN PALM HARBOR LLC

Principal Place of Business
2692 ENTERPRISE ROAD E, APT. 1003
CLEARWATER, FL 33759

Mailing Address
2692 ENTERPRISE ROAD E, APT. 1003
CLEARWATER, FL 33759

24063558

04212004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business: 34832 US HWY 19 N
Suite, Apt. #, etc.
City & State: PALM HARBOR, FL
Zip: 34684 Country:

3. Mailing Address:
Suite, Apt. #, etc.
City & State:
Zip: Country:

4. FEI Number: 73-1676574 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent:
ABDUL AZIZ FARISHTA
2692 ENTERPRISE ROAD E, APT. 1003
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABDUL AZIZ FARISHTA		NAME	
STREET ADDRESS	2692 ENTERPRISE ROAD E#1003		STREET ADDRESS	
CITY-ST-ZIP	CLEAR WATER, FL 33759		CITY-ST-ZIP	
TITLE	MBR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JAGDEV SINGH		NAME	
STREET ADDRESS	34832 US HWY 19N		STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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 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] 04-29-04 727-789-9760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #