

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90027 023 ****50.00

DOCUMENT # L03000034109

1. Entity Name
FOUNTAIN PROFESSIONAL CENTRE, L.L.C.



Principal Place of Business
2045 FOUNTAIN PROFESSIONAL
CRT STE B
NAVARRE BEACH, FL 32566

Mailing Address
2045 FOUNTAIN PROFESSIONAL
CRT STE B
NAVARRE BEACH, FL 32566

40000420



04172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2392979	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, KENNETH R
8438 GULF BLVD., STE. A
NAVARRE BEACH, FL 32566

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOUNTAIN, BETTY 1901 RUE LA FONTAINE NAVARRE BEACH, FL 32566
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOUNTAIN, GREGORY V 1901 RUE LA FONTAINE NAVARRE BEACH, FL 32566
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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

Betty Fountain
4/17/07

Date

Daytime Phone # _____