

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90053 038 ***138.75

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**

60030563



04252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2392979

Applied For
Not Applicable

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 _____

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

9. MANAGING MEMBERS/MANAGERS

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

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

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

Date

Daytime Phone #

4/25/08

(850) 939-8770