

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046398

Entity Name: FOUNTAINBLEAU, LLC

FILED  
Jan 17, 2007  
Secretary of State

**Current Principal Place of Business:**

4820 SW 188 AVENUE  
SOUTHWEST RANCHES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

4820 SW 188 AVENUE  
SOUTHWEST RANCHES, FL 33332

**New Mailing Address:**

FEI Number: 58-2677327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAINS, JOEL  
4820 SW 188 AVENUE  
SOUTHWEST RANCHES, FL 33332 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAINS, JOEL  
Address: 4820 SW 188 AVENUE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: MGRM ( ) Delete  
Name: MAINS, DON  
Address: 2743 N. ORCHARD CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete  
Name: EISENHAUER, DARRYL  
Address: 14882 69TH STREET NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM ( ) Delete  
Name: HINESLEY, J.R.  
Address: 4830 MARINERS WAY, APT. Q  
City-St-Zip: COCONUT CREEK, FL 33067

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DON MAINS

MGRM

01/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date