


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000005497</b> 1. Entity Name FOUNTAINS OF BOYNTON CLEANERS, LLC	
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Principal Place of Business 6649 BOYNTON BEACH BOULEVARD STE. B-18 BOYNTON BEACH, FL 33437	Mailing Address C/O BLAKESBURG & CO CPAS 951 SW 4TH AVE BOCA RATON, FL 33432
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02202007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0089398	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BLAKESBURG, JON D 951 SW 4TH AVE BOCA RATON, FL 33432
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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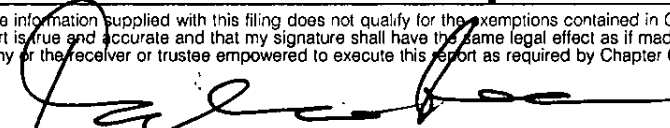
**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000657137  
03/14/07-80055-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, PATRICK 6649 BOYNTON BEACH BOULEVARD STE. B-18 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, MICHELLE 6649 BOYNTON BEACH BOULEVARD STE. B-18 BOYNTON BEACH, FL 33437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.
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<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <b>PATRICK LEE</b>	<b>4/20/07</b> <small>Date</small>	<b>581 737 6123</b> <small>Daytime Phone #</small>
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