


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90055 001 ****50.00
 02-15-2005 90055 002 *****5.00

DOCUMENT # L04000018530					
1. Entity Name FOUNTAIN ENTERPRISES LLC					
Principal Place of Business 73 WEST BAY DRIVE COCOA BEACH, FL 32931 US			Mailing Address 73 WEST BAY DRIVE COCOA BEACH, FL 32931 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number #90-0151904	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOUNTAIN, JENNIFER A 73 WEST BAY DRIVE COCOA BEACH, FL 32931			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)

DATE

TITLE NAME STREET ADDRESS CITY ST ZIP	MGR FOUNTAIN, BRUCE O 73 WEST BAY DRIVE COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jennifer A. Fountain* *Bruce O Fountain* 1/28/05 321-783-0126
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #