

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030291

**FILED**  
**Mar 14, 2007**  
**Secretary of State**

**Entity Name:** FACESMD LLC

**Current Principal Place of Business:**

5A SANCHEZ AVENUE  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

129 MARSHALL CREEK DRIVE  
ST.AUGUSTINE, FL 32095 US

**New Mailing Address:**

126 HICKORY HILL DRIVE  
ST.AUGUSTINE, FL 32095 US

**FEI Number:** 34-1996565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDES, LARRY  
129 MARSHALL CREEK DRIVE  
ST.AUGUSTINE, FL 32095 US

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

STEPHANIE KINSEY, LLC  
126 HICKORY HILL DRIVE  
ST.AUGUSTINE, FL 32095 US

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:** STEPHANIE L. KINSEY

03/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** FOUNTAINHEAD DEVELOP, MENT LLC  
**Address:** 129 MARSHALL CREEK DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32095 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** STEPHANIE KINSEY, LL, C  
**Address:** 126 HICKORY HILL DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32095 US

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:** STEPHANIE L. KINSEY

MGR

03/14/2007

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