




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90258 029 \*\*\*\*50.00

DOCUMENT # L04000038831																																																					
1. Entity Name <b>FONTAINE ENTERPRISES, LLC</b>																																																					
Principal Place of Business <b>9010 SW 137TH AVENUE, STE. 231</b> <b>MIAMI, FL 33186</b>			Mailing Address <b>9010 SW 137TH AVENUE, STE. 231</b> <b>MIAMI, FL 33186</b>																																																		
2. Principal Place of Business - No P.O. Box # <b>9000 SW 137 Ave</b>		3. Mailing Address <b>9000 SW 137 Ave</b>																																																			
Suite, Apt. #, etc. <b># 120</b>		Suite, Apt. #, etc. <b># 120</b>																																																			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>																																																			
Zip <b>33186</b>		Country <b>USA</b>		Zip <b>33186</b>																																																	
Country <b>USA</b>		4. FEI Number <b>20-1198000</b>																																																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																																					
6. Name and Address of Current Registered Agent  <b>FONTAINE, DAVID</b> <b>9010 SW 137TH AVENUE</b> <b>STE 231</b> <b>MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent Name <b>Fontaine, David</b> Street Address (P.O. Box Number is Not Acceptable) <b>9000 SW 137 Ave</b> <b># 120</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33186</b>																																																		
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  <b>David Fontaine, MGR</b> <b>4/7/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																																																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>MGR</b>  <b>FONTAINE, DAVID</b>  <b>9010 SW 137TH AVENUE, STE. 231</b>  <b>MIAMI, FL 33186</b> </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete             </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FONTAINE, DAVID</b> <b>9010 SW 137TH AVENUE, STE. 231</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete																						10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>MGR</b>  <b>Fontaine, David</b>  <b>9000 SW 137 Ave, # 120</b>  <b>Miami, FL 33186</b> </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Fontaine, David</b> <b>9000 SW 137 Ave, # 120</b> <b>Miami, FL 33186</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FONTAINE, DAVID</b> <b>9010 SW 137TH AVENUE, STE. 231</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Fontaine, David</b> <b>9000 SW 137 Ave, # 120</b> <b>Miami, FL 33186</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																			
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  <b>David Fontaine, MGR</b> <b>4/7/07</b> <b>386-7667</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																					

60048113



04082007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

Additional Fee Required

Zip Code 33186

DATE 4/7/07

305-