

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000038831

1. Entity Name  
FONTAINE ENTERPRISES, LLC



Principal Place of Business  
9010 SW 137TH AVENUE, STE. 231  
MIAMI, FL 33186

Mailing Address  
9010 SW 137TH AVENUE, STE. 231  
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #

9000 SW 137 Ave

3. Mailing Address

9000 SW 137 Ave

Suite, Apt. #, etc.

# 120

Suite, Apt. #, etc.

# 120

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

6. Name and Address of Current Registered Agent

FONTAINE, DAVID  
9010 SW 137TH AVENUE  
STE 231  
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name *Fontaine, David*

Street Address (P.O. Box Number is Not Acceptable)

9000 SW 137 Ave

# 120

City

Miami

FL

Zip Code  
33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/07

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR

Fontaine, David  
1000 SW 137 Ave, # 120  
Miami, FL 33186

Change

Addition

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305-4/7/07 386-7667