2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042531

Entity Name: FOUNTAIN STREET, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
3210 BAY TO BAY BLVD., 2ND FLOOR TAMPA, FL 33629	341 PLANT AVENUE TAMPA, FL 33606
Current Mailing Address:	**New Mailing Address:**
3210 BAY TO BAY BLVD., 2ND FLOOR TAMPA, FL 33629	341 PLANT AVENUE TAMPA, FL 33606

FEI Number: 20-1224829   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602 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: _____

               Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MARSHALL, KEVIN	
Address:	3210 BAY TO BAY BLVD., 2ND FLOOR	
City-St-Zip:	TAMPA, FL 33629	

Title:	MGRM	( ) Delete
Name:	MARSHALL, JENNIFER	
Address:	3210 BAY TO BAY BLVD	
City-St-Zip:	TAMPA, FL 33629	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	MARSHALL, KEVIN	
Address:	341 PLANT AVENUE	
City-St-Zip:	TAMPA, FL 33606	

Title:	MGRM	(X) Change ( ) Addition
Name:	MARSHALL, JENNIFER	
Address:	341 PLANT AVENUE	
City-St-Zip:	TAMPA, FL 33606	

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: J KEVIN MARSHALL   MM   01/17/2006

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