

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042531

Entity Name: FOUNTAIN STREET, LLC

FILED
Jan 17, 2006
Secretary of State

Current Principal Place of Business:

3210 BAY TO BAY BLVD., 2ND FLOOR
TAMPA, FL 33629

New Principal Place of Business:

341 PLANT AVENUE
TAMPA, FL 33606

Current Mailing Address:

3210 BAY TO BAY BLVD., 2ND FLOOR
TAMPA, FL 33629

New Mailing Address:

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:

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET, SUITE 2100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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