

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054187

1. Entity Name
THE FOUNTAINS AT COUNTRYSIDE, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & FINANCIAL SERVICES

06 FEB 20 AM 10:07

Principal Place of Business
101 E KENNEDY BLVD, STE 3300
TAMPA, FL 33602

Mailing Address
101 E KENNEDY BLVD, STE 3300
TAMPA, FL 33602



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1402894

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 W FLAGLER ST
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE FOUNTAINS AT COUNTRYSIDE INV. 101 E. KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000066832960
02/28/06--01050--007 **200.00

**DO NOT WRITE
IN THIS SPACE**

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] TFCI, LTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-2-06

Date Daytime Phone #