

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000090301

FILED
Oct 16, 2009
Secretary of State**Entity Name:** FOUNTAIN DESIGN BUILD, L.L.C.**Current Principal Place of Business:**2045 FOUNTAIN PROFESSIONAL CT.
SUITE C
NAVARRE, FL 32566**New Principal Place of Business:****Current Mailing Address:**2045 FOUNTAIN PROFESSIONAL CT.
SUITE C
NAVARRE, FL 32566**New Mailing Address:****FEI Number:** 20-2005811**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOUNTAIN LAW FIRM, P.A.
2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FL 32566 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: FOUNTAIN, GREGORY V
Address: 2045 FOUNTAIN PROFESSIONAL CT., SUITE C
City-St-Zip: NAVARRE, FL 32566

Title: MGRM () Delete
Name: FOUNTAIN, BETTY
Address: 2045 FOUNTAIN PROFESSIONAL CT., SUITE C
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Delete
Name: SISTRUNK, JASON L
Address: 2043 FOUNTAINVIEW DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: MGRM (X) Delete
Name: SISTRUNK, RACHAEL
Address: 2043 FOUNTAINVIEW DRIVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BETTY FOUNTAIN

MGRM

10/16/2009

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