


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L05000018316 1. Entity Name FOUNTAINHEAD LANE, LLC	
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Principal Place of Business 5189 OLD GALLOWS WAY NAPLES, FL 34105	Mailing Address 5189 OLD GALLOWS WAY NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2388469	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LINDMAYER, MONIKA 5800 CYPRESS HOLLOW WAY NAPLES, FL 34109

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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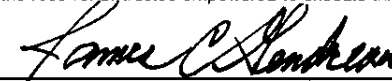
**Filing Fee Is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GENDREAU, JAMES 5189 OLD GALLOWS WAY NAPLES, FL 34105
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03/14/07-20011-008 50.00

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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:  James Gendreau <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2/28/07 <small>Date</small>	(239) 293-8499 <small>Daytime Phone #</small>
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