


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000029728 1. Entity Name MIRAMAR FOUNTAIN, LLC	
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Principal Place of Business 136 S. HOLIDAY ROAD, UNIT D DESTIN, FL 32550	Mailing Address 136 S. HOLIDAY ROAD, UNIT D DESTIN, FL 32550
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2587596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, PARTINGTON, HART, LARRY, BOND & STACKHO
34990 EMERALD COAST PARKWAY, STE. 301
DESTIN, FL 32541**

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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000882211
04/16/08-80031-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPPELLETTI, RONALD 136 S. HOLIDAY RD., STE. D MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLECKI, CERENNA 136 S. HOLIDAY RD., STE. D MIRAMAR BEACH, FL 32550
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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:  **Cappelletti** 04/04/2008 850 376 6292

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

Date

Daytime Phone #