

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000042223

1. Entity Name
FOUNTAINVIEW REC LEASE, LLC



Principal Place of Business
**5975 S.W. 130 TERRACE
MIAMI, FL 33156**

Mailing Address
**5975 S.W. 130 TERRACE
MIAMI, FL 33156**



01192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1220993

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLLACK, JAN BELL
5975 S.W. 130 TERRACE
MIAMI, FL 33156**

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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 _____

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, 2007**

U000000666630
03/23/07-80082-001 50.00

B. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POLLACK, JAN BELL
STREET ADDRESS	5975 S.W. 130 TERRACE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	BROTMAN, ILA BELL
STREET ADDRESS	5975 S.W. 130 TERRACE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	FEINBERG, SARALYNE TRUSTEE
STREET ADDRESS	5975 S.W. 130 TERRACE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

JAN BELL POLLACK (305) 666-2501