


FILED
May 28, 2008 8:00 am
Secretary of State

05-01-2008 90017 021 ****50.00
 05-28-2008 90141 007 ****88.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000088660

1. Entity Name
FONTAINBLEAU WEST TOWNHOMES, LLC



Principal Place of Business Mailing Address
5835 BLUE LAGOON DRIVE 4TH FLOOR **5835 BLUE LAGOON DRIVE 4TH FLOOR**
MIAMI, FL 33126 **MIAMI, FL 33126**

60043982



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
65-1258368 Not Applicable

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

8. Name and Address of Current Registered Agent
SHOJAE, MASOUD
5835 BLUE LAGOON DRIVE 4TH FLOOR
MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SHOJAE, MASOUD	5835 BLUE LAGOON DR 4TH FL	MIAMI, FL 33126	<input type="checkbox"/>
VP	SHOJAE, MARIA	5835 BLUE LAGOON DR 4TH FL	MIAMI, FL 33126	<input type="checkbox"/>
VP	MARTIN, TANIA	5835 BLUE LAGOON DR 4TH FL	MIAMI, FL 33126	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Masoud Shojaee Date: 1/21/08 Daytime Phone #: 786-437-8658