## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000034736

Entity Name: FOUNTAIN BRIDGE HOLDINGS, LLC

## FILED Apr 09, 2008 Secretary of State

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<b>Current Principal F</b>	Place of Business:	New Principal Place of Business:			
815 NW 57TH AVENUE MIAMI, FL 33126		7321 LOS PINOS BLVD CORAL GABLES, FL 44143			
Current Mailing Address:		New Mailing Address:			
815 NW 57TH AVEN MIAMI, FL 33126	NUE	7321 LOS PINOS BLVD CORAL GABLES, FL 3314	13		
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable()	Certificate of Status Desired (		
Name and Address of Current Registered Agent:		Name and Address of Ne	w Registered Agent:		
FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, STE. 601 CORAL GABLES, FL 33134 US		CANTOR, SAMUEL J 2499 GLADES RD. 210 BOCA RATON, FL 33431	US		

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: SAMUEL J. CANTOR		04/09/2008		
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () Delete ESPINOSA, FRANCISCO 6901 SW 66 STREET MIAMI, FL 33143	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition ESPINOSA, FRANCISCO A 7321 LOS PINOS BLVD CORAL GABLES, FL 33143	
Title: Name: Address: City-St-Zip:	MGRM () Delete VILLEGAS, JOSE A 315 RIDGE WOOD KEY BISCANYE, FL 33149	Title: Name: Address: City-St-Zip:	() Change () Addition	

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:	JOSE A. VILLEGAS	MGR	04/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date			