

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/29/2007-90039-031-\$50.00-\$50.00

FILED



07 OCT -5 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

60055250



07102007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000038966</b>					
1. Entity Name <b>HACIENDA FOUNTAIN BRIDGE, LLC</b>					
Principal Place of Business <b>815 NW 57TH AVENUE MIAMI, FL 33126</b>			Mailing Address <b>815 NW 57TH AVENUE MIAMI, FL 33126</b>		
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	4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LESTER, PAUL A 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134</b>			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 revealing) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
		managing member Francisco A. Espinosa 6901 SW 66St. Miami - FL 33143			
		managing member Jose A. Villegas 315 Ridgewood Key Biscayne - FL 33149			
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 606, Florida Statutes.					
SIGNATURE: 			Jose A. Villegas		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 305-244-1162		