

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020900

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** FOUNTAIN RESOURCES, L.L.C.

**Current Principal Place of Business:**

808 E. FORT KING STREET  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

808 E. FORT KING STREET  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOODY, JAMES L  
808 E. FORT KING STREET  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOODY, LAWREN M  
Address: 506 S.E. 17TH AVENUE  
City-St-Zip: OCALA, FL 34471

Title: MGRM  
Name: MOODY, JAMES L  
Address: 808 E. FORT KING STREET  
City-St-Zip: OCALA, FL 34471

Title: MGRM  
Name: LEHMAN, MARGARET A  
Address: 3110 S.E. 41ST PLACE  
City-St-Zip: OCALA, FL 34480

I hereby 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:** LAWREN M. MOODY

MGRM

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date