


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90027 020 \*\*\*\*50.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # L98000000966</b><br>1. Entity Name<br><b>THE FOUNTAINS OF NEW SMYRNA BEACH, L.L.C.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>4381 S. ATLANTIC AVENUE, #301<br/>NEW SMYRNA BEACH FL 32169</b>   |   |   | Mailing Address<br><b>4381 S. ATLANTIC AVENUE, #301<br/>NEW SMYRNA BEACH FL 32169</b> |  |  |
| 2. Principal Place of Business<br><b>4207 S. ATLANTIC AVENUE</b>  |   | 3. Mailing Address<br>Suite, Apt. #, etc. |   |  |  |
| City & State<br><b>NEW SMYRNA BEACH FL</b>  |   | City & State<br>Suite, Apt. #, etc.       |   | 4. FEI Number<br><b>59-3545807</b>   |  |
| Zip<br><b>32169</b>   |   | Country<br><b>FLORIDA</b>                 |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>STORCH, GLENN D ESQ.<br/>STORCH, HANSEN &amp; MORRIS, P.A.<br/>420 S. NOVA ROAD<br/>DAYTONA BEACH FL 32114</b>  |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>GLENN SCHNEIDER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4207 S. ATLANTIC AVENUE</b><br>City <b>NEW SMYRNA BEACH</b> <b>FL</b> Zip Code <b>32169</b> |  |
| 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.<br>SIGNATURE <u><i>Glenn Schneider</i></u> DATE <b>4-28-04</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>   |   |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |   |   |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |   | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DUDLEY, W. TED<br>4381 S. ATLANTIC AVENUE, #301<br>NEW SMYRNA BEACH FL 32169   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DUDLEY, MARIANNE<br>4381 S. ATLANTIC AVENUE, #301<br>NEW SMYRNA BEACH FL 32169 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Marianne Dudley</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   |   |  |  |
|   |   |   |   | Date<br>Daytime Phone #  |  |