

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90037 016 ****50.00

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| DOCUMENT # L98000000966 | | | | | |
| 1. Entity Name THE FOUNTAINS OF NEW SMYRNA BEACH, L.L.C. | | | | | |
| Principal Place of Business 4207 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 | | | Mailing Address 4381 S. ATLANTIC AVENUE, #301 NEW SMYRNA BEACH, FL 32169 | | |
| 2. Principal Place of Business | | 3. Mailing Address 4207 S. Atlantic Avenue Suite, Apt. #, etc. 45 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State New Smyrna Beach FL | | 4. FEI Number 59-3545807 | |
| Zip | | Zip 32169 | | Country FL | |
| 6. Name and Address of Current Registered Agent SCHOETTLER, GWEN 4207 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | City | |
| State | | | | State | |
| Zip Code | | | | 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 re-registering) | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DUDLEY, W. TED 4381 S. ATLANTIC AVENUE, #301 NEW SMYRNA BEACH, FL 32169 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4207 S. Atlantic Ave. 45 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DUDLEY, MARIANNE 4381 S. ATLANTIC AVENUE, #301 NEW SMYRNA BEACH, FL 32169 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4207 S. Atlantic Ave 45 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 _____ | | | 4/25/05 (786) 437-0125 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |