


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90291 012 ****50.00

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 45 NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business		3. Mailing Address 4207 S. ATLANTIC AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 45			
City & State		City & State New Smyrna Beach, FL			
Zip	Country	Zip 32169	Country FLORIDA	4. FEI Number 59-3545807	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
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 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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME DUDLEY, W. TED STREET ADDRESS 4207 S ATLANTIC AVE, 45 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32169	<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 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 608, Florida Statutes.					
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/16/06</u> (38) 405-0116 <small>Daytime Phone #</small>		

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02082006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3545807

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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Date 2/16/06 (38) 405-0116
Daytime Phone #