

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90011 029 \*\*\*\*50.00



**DOCUMENT # L99000004117**  
 1. Entity Name  
 ONE FOUNTAINHEAD CENTER, LLC

Principal Place of Business: 4141 N. MIAMI AVE., STE. 304 MIAMI, FL 33127  
 Mailing Address: 4141 N. MIAMI AVE., STE. 304 MIAMI, FL 33127

2. Principal Place of Business: 4141 N Miami Ave  
 Suite, Apt. #, etc.: # 210  
 City & State: MIAMI FL

3. Mailing Address: Suite, Apt. #, etc.  
 City & State: Zip Country: 33127 USA

Barcode  
 05052004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
 BRAVO, ROBERTO G  
 2235 ARCH CREEK DRIVE  
 NORTH MIAMI, FL 33181

4. FEI Number: 65-0932180 Applied For: Not Applicable  
 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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 8, 2004** | **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE: MGR	<input type="checkbox"/> Delete
NAME: BRAVO, ROBERTO G	
STREET ADDRESS: 4141 N. MIAMI AVE., STE. 304	
CITY-ST-ZIP: MIAMI, FL 33127	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

10. ADDITIONS / CHANGES

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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:** \_\_\_\_\_ **5/5/2004 (305) 573-4442**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #