

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90046 026 ****50.00

DOCUMENT # L99000007559	
1. Entity Name FOUNTAIN PARK RETAIL CENTRE, L.L.C.	

Principal Place of Business 2375 TERRA VERDE LANE NAPLES, FL 34105 US	Mailing Address 2375 TERRA VERDE LANE NAPLES, FL 34105 US
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20050975



2. Principal Place of Business 1613 Chinaberry Way Suite, Apt. #, etc.	3. Mailing Address 1613 Chinaberry Way Suite, Apt. #, etc.
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03112005 Chg-LLC CR2E083 (10/03)

City & State NAPLES FL	City & State NAPLES, FL
Zip 34105	Zip 34105
Country USA	Country USA

4. FEI Number 59-3613677	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BATES, MARK C 2375 TERRA VERDE LANE NAPLES, FL 34105	
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7. Name and Address of New Registered Agent Name BATES, MARK C. Street Address (P.O. Box Number is Not Acceptable) 1613 Chinaberry Way City NAPLES FL Zip Code 34105	
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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 MARK C. BATES <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4-20-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATES, MARK C. 2375 TERRA VERDE LANE NAPLES, FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATES, MARK C. 1613 Chinaberry Way NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: MARK C. BATES	DATE 4-20-05 DAYTIME PHONE 593-3499
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	