2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2008 08:00 AN Secretary of State

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1. Entity Name

FOUNTAIN PARK RETAIL CENTRE, L.L.C.



Principal Place of Business

1613 CHINABERY WAY NAPLES, FL 34105 US Mailing Address

1613 CHINABERY WAY NAPLES, FL 34105 US



DO NOT WRITE IN THIS SPACE

01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3613677

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BATES, MARK C 1613 CHINABERRY WAY NAPLES, FL 34105

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Begistered	Agent signature required when reinstating)	DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
9.	MANAGING MEMBERS/MANAGERS						
TITLE	MGRM		•				
NAME	BATES, MARK C						

1613 CHINABERRY WAY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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DO NOT WRITE IN THIS SPACE

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE