


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90079 004 ****50.00

DOCUMENT # M03000002071 1. Entity Name FOUNTAINS OWNER, LLC	
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20004747



Principal Place of Business 11200 ROCKVILLE PIKE SUITE 502 ROCKVILLE, MD 20852		Mailing Address 11200 ROCKVILLE PIKE SUITE 502 ROCKVILLE, MD 20852	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0573614		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR B&R FOUNTAINS MANAGER, INC. 11200 ROCKVILLE PIKE, SUITE 502 ROCKVILLE, MD 20852 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: *TEAN S. CAFFARO* **TEAN S. CAFFARO** **1-24-06** **301-545-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20004747

#M03000002071

BRESLER & REINER, INC.

(301) 945-4300
(301) 945-4301 Fax

11200 Rockville Pike, Suite 502
Rockville, MD 20852

January 24, 2006

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

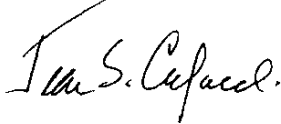
RE: Fountains Owner, LLC FEI Number

To Whom It May Concern:

In completing the 2006 Limited Liability Company Annual Report, we noticed that the FEI Number on file is incorrect. The number indicated on the form is 05-0573614; however, the correct FEI Number is 33-1061520. Please update your records to incorporate this number.

Should you have any questions on the above item, please contact Melissa Brooks at 301-945-4300 X-123. Thanks in advance for your assistance with this matter.

Sincerely,



Jean S. Cafardi
Secretary