

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002551

FILED
May 01, 2007
Secretary of State

Entity Name: THE FOUNTAINS OF MIRAMAR, LLC

Current Principal Place of Business:

7284 W PALMETTO PARK ROAD
210
BOCA RATON, FL 334333406 US

New Principal Place of Business:

6632 PARKSIDE DRIVE
PARKLAND, FL 33067 US

Current Mailing Address:

7284 W PALMETTO PARK ROAD
210
BOCA RATON, FL 334333406 US

New Mailing Address:

6632 PARKSIDE DRIVE
210
BOCA RATON, FL 334333406 US

FEI Number: 20-0089710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEWMAN, FREDRIC D
7284 W PALMETTO PARK ROAD
210
BOCA RATON, FL 334333406 US

Name and Address of New Registered Agent:

NEWMAN, FREDRIC D
6632 PARKSIDE DRIVE
PARKLAND, FL 33067 US

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.

SIGNATURE:

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWMAN, FREDRIC C
Address: 7284 W PALMETTO PARK ROAD, #210
City-St-Zip: BOCA RATON, FL 334333406 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEWMAN, FREDRIC C
Address: 6632 PARKSIDE DRIVE
City-St-Zip: PARKLAND, FL 33067 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FREDRIC NEWMAN

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date