


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P06000066309					
1. Entity Name THE FOUNTAINS OF MIRAMAR MANAGING MEMBER, INC.					
Principal Place of Business 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328			Mailing Address 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
04262007				Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSS REALTY INVESTMENTS, INC. 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME ROSS, BARRY		TITLE 000000750169 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 3325 S UNIVERSITY DRIVE SUITE 210	CITY-ST-ZIP DAVIE, FL 33328		STREET ADDRESS 05/18/07-80051-015 150.00		
TITLE D	NAME MATZ, WILLIAM D		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 3325 S UNIVERSITY DRIVE SUITE 210	CITY-ST-ZIP DAVIE, FL 33328		STREET ADDRESS 		
TITLE D	NAME NEWMAN, FREDRIC D		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 7284 W PALMETTO PARK RD, SUITE 210	CITY-ST-ZIP BOCA RATON, FL 33433		STREET ADDRESS 		
TITLE D	NAME AROUH, LESLIE A		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 7284 W PALMETTO PARK RD, SUITE 210	CITY-ST-ZIP BOCA RATON, FL 33433		STREET ADDRESS 		
TITLE 	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 		
TITLE 	NAME 		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			APR 27 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		