

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000009182

1. Entity Name
 HIGH COVE, L.C.

Principal Place of Business 680 41ST STREET SARASOTA FL 34234	Mailing Address 680 41ST STREET SARASOTA FL 34234
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2. Principal Place of Business 655 41ST STREET	3. Mailing Address 655 41ST STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SARASOTA FL	City & State SARASOTA FL
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Zip 34234	Country	Zip 34234	Country
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4. FEI Number 59-3696764	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RONAY OLGA
 680 41ST STREET
 SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name
 RONAY OLGA
 Street Address (P.O. Box Number is Not Acceptable)
 655 41ST STREET
 City SARASOTA FL Zip Code 34234

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.

SIGNATURE **OLGA RONAY**

05/07/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAIN DAVID 615 CORWOOD DR SARASOTA FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE JOHN D 655 41ST STREET SARASOTA FL 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRILL ANNE L 1610 STICKNEY POINT ROAD SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN RICHARD 2347 ARLINGTON STREET SARASOTA FL 34239	<input type="checkbox"/> Change <input checked="" 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

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: **Olga Ronay**

mgr

05/07/2001

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

Date

Daytime Phone #

CR2E083 (11/00)