

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90275 038 \*\*\*\*50.00

**DOCUMENT # L00000009182**

1. Entity Name  
**HIGH COVE, L.C.**

Principal Place of Business

**655 41ST STREET  
 SARASOTA FL 34234**

Mailing Address

**655 41ST STREET  
 SARASOTA FL 34234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3696764**

Applied For  
 Not Applicable

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  
 655 41ST STREET  
 SARASOTA FL 34234**

**7. Name and Address of New Registered Agent**

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.

SIGNATURE

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**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

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

**10. ADDITIONS/CHANGES**

TITLE	<b>MGR M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RONAY, OLGA</b>	
STREET ADDRESS	<b>655 41ST ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>MGR M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANIEL E. MENICOL</b>	
STREET ADDRESS	<b>1936 MORRILL ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **ANNE L. MERRILL**  
 SIGNATURE REQUIRED

4-25-02 941/493-5600  
 Date Daytime Phone #

CR2E083 (9/01)