

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009182

FILED
May 06, 2004
Secretary of State

Entity Name: HIGH COVE, L.C.

Current Principal Place of Business:

330 SO. PINEAPPLE AVE.
SUITE 204
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15340
SARASOTA, FL 34277 US

New Mailing Address:

FEI Number: 59-3696764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONAY, OLGA
655 41ST STREET
SARASOTA, FL 34234

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRAIN, DAVID
Address: 615 CORWOOD DR
City-St-Zip: SARASOTA, FL 34234

Title: MGRM () Delete
Name: MARTIN, RICHARD
Address: 2340 BRADENTON RD. 1#2
City-St-Zip: SARASOTA, FL 34239 US

Title: MGRM () Delete
Name: MERRILL, ANNE L
Address: 1610 STICKNEY POINT ROAD, #201
City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM () Delete
Name: MOORE, JOHN D
Address: 655 41ST STREET
City-St-Zip: SARASOTA, FL 34234 US

Title: MGRM () Delete
Name: RONAY, OLGA
Address: 655 41ST STREET
City-St-Zip: SARASOTA, FL 34234

Title: MGRM () Delete
Name: MCNICOL, DANIEL E
Address: 1936 MORRILL STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANNE L. MERRILL

MGRM

05/06/2004

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