

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009182

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: HIGH COVE, L.C.

**Current Principal Place of Business:**

741 S. ORANGE  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

655 41ST STREET  
SARASOTA, FL 34234 US

**Current Mailing Address:**

P.O. BOX 15340  
SARASOTA, FL 34277 US

**New Mailing Address:**

P.O. BOX 2097  
ENGLEWOOD, FL 34295 US

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 US

**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/MANAGERS:**

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: MGRM (X) Change ( ) Addition  
Name: MERRILL, ANNE L  
Address: P.O. BOX 2097  
City-St-Zip: ENGLEWOOD, FL 34295 US

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 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: ANNE L. MERRILL

MGRM

04/28/2006

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