

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009182

FILED
Apr 13, 2009
Secretary of State

Entity Name: HIGH COVE, L.C.

Current Principal Place of Business:

655 41ST STREET
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2097
ENGLEWOOD, FL 34295 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 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: MERRILL, ANNE L
Address: P.O. BOX 2097
City-St-Zip: ENGLEWOOD, FL 34295 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:

I hereby certify that the information supplied with this filing does not qualify 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

04/13/2009

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