

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 045 \*\*\*\*50.00

0040912

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**330 So. PINEAPPLE AVE**

3. Mailing Address  
**P.O. Box 15340**

Suite, Apt. #, etc.  
**SUITE 204**

City & State  
**SARASOTA FL**

City & State  
**SARASOTA FL**

Zip  
**34234**

Country  
**USA**

Zip  
**34277**

Country  
**USA**

4. FEI Number **59-3696764**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRAIN, DAVID 615 CORWOOD DR SARASOTA FL 34234</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARTIN, RICHARD 2347 ARLINGTON STREET SARASOTA FL 34239</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MERRILL, ANNE L 1610 STICKNEY POINT ROAD SARASOTA FL 34231</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOORE, JOHN D 655 41ST STREET SARASOTA FL 34234</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RONAY, OLGA 655 41ST STREET SARASOTA FL 34234</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCNICOL, DANIEL E 1936 MORRILL STREET SARASOTA FL 34236</b> <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2340 BRADENTON RD. / #2</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>#201</b>
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
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: Richard Martin **RICHARD MARTIN** 1-26-03 941-302-0717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

Attachment

30066740  
10000009182

2003 Limited Liability Company Uniform Business Report

High Cove, L. C. / FEI 59-3696764

Additional Managing Member:

Thomas Cardinal  
2205 Arlington Street  
Sarasota, FL 34239