

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004395

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** 203 COVINGTON STREET OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

5055 WEST COUNTY HIGHWAY 30A-1015 VIZCAYA  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

56 BLUE MOUNTAIN ROAD; UNIT B405  
DESTIN, FL 32541

**Current Mailing Address:**

P. O. BOX 2527  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 59-3708440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POOLE, JOHN M  
5055 WEST COUNTY HIGHWAY 30A-1015 VIZCAYA  
SANTA ROSA BEACH, FL 32459      US

**Name and Address of New Registered Agent:**

POOLE, JOHN M  
56 BLUE MOUNTAIN ROAD; UNIT B405  
DESTIN, FL 32541      US

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: JOHN M. POOLE

04/18/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: POOLE, JOHN M  
Address: 5055 WEST COUNTY HIGHWAY 30A-1015 VIZCAYA  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POOLE, JOHN M  
Address: 56 BLUE MOUNTAIN ROAD; UNIT B405  
City-St-Zip: DESTIN, FL 32541

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: JOHN M. POOLE

MGMR

04/18/2005

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