

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 07, 2008  
Secretary of State**

DOCUMENT# L06000079415

Entity Name: COVE CONSTRUCTION GROUP, LLC

**Current Principal Place of Business:**

6532 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

6532 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

FEI Number: 20-5350090      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALLEN, BRANDON  
6532 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014 US

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

FAZEKAS, LASZLO  
6532 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014 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: BRANDON ALLEN      05/07/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALLEN, BRANDON  
Address: 6532 MIAMI LAKES DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: FAZEKAS, LASZLO  
Address: 6532 MIAMI LAKES DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

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: LASZLO FAZEKAS      MGR      05/07/2008  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date