

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000408

FILED
Apr 03, 2007
Secretary of State

Entity Name: COVENTRY FIRST LLC

Current Principal Place of Business:

7111 VALLEY GREEN ROAD
FORT WASHINGTON, PA 19034

New Principal Place of Business:

Current Mailing Address:

7111 VALLEY GREEN ROAD
FORT WASHINGTON, PA 19034

New Mailing Address:

FEI Number: 23-3030826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: CT () Delete
Name: BUERGER, ALAN H
Address: 7111 VALLEY GREEN ROAD
City-St-Zip: FORT WASHINGTON, PA 19034

Title: PS () Delete
Name: BUERGER, CONSTANCE M
Address: 7111 VALLEY GREEN ROAD
City-St-Zip: FORT WASHINGTON, PA 19034

Title: V () Delete
Name: BUERGER, REID S
Address: 7111 VALLEY GREEN ROAD
City-St-Zip: FORT WASHINGTON, PA 19034

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:

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: ALAN H. BUERGER

CT

04/03/2007

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