## **2004 LIMITED LIABILITY COMPANY**

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## ANNUAL REPORT (AR) DOCUMENT # M03000003059 1. Entity Name COVENTRY FIRST OF FLORIDA LLC



## **FILED** May 05, 2004 8:00 am Secretary of State 05-05-2004 90016 014 \*\*\*\*50.00

0012.						7				
Principal Place	e of Business		Mailing Address		J					
7111 VALLEY GREEN RD. FORT WASHINGTON PA 19034			7111 VALLEY GREEN RD. FORT WASHINGTON PA 19034							
2. Principal Pl	ace of Business	3.	Mailing Address		<del></del> .					
								III		
Suite, Apt. #. etc.			Suite, Apt. #, etc.				MOORE CR2E083 (11/03)			
City & State			City & State			4. FEI Numb	4. FEI Number 04-3758215			Applied For Not Applicable
Zip	Country		Zip	Cour	ntry	5. Certificate	e of Status Desired	; 🗆	\$5.00 / Fee Requ	
	6. Name and Address of	Current Regi	istered Agent			7. Name and	d Address of New	Registered	Agent	
					Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROA PLANTATION FL 33324			رD		Street Addres	ss (P.O. Box Numb	per is Not Accepta	bie)		
					City		7000	Fl	Zip C	ode
9 The should	named entity submits this sta	tomant for the	Surpose of abonesis	a ita sa aiatas	and affine as reads	ntared apont or b	ath in the Ctate of		- I	th and coccut
	ons of registered agent.	tement for the	purpose or changin	ig its register	ed office or regis	stered agent, or or	om, in the State of	rionua. Tan	iamiliai wi	in, and accept
SIGNATURE _	Signature, typed or printed name of regis	stered agent and titl	e if applicable.	(NOTE: Registere	ed Agent signature requ	uired when reinstating)		DATE		
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