

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001855

1. Entity Name

COVENTRY FINANCIAL LLC

FILED

01 APR -9 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7111 VALLEY GREEN ROAD
FT. WASHINGTON PA 19034

Mailing Address

7111 VALLEY GREEN ROAD
FT. WASHINGTON PA 19034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0384663

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004014608--8
-04/18/01--01003--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR**
STREET ADDRESS **BUERGER, ALAN H**
CITY-ST-ZIP **7111 VALLEY GREEN ROAD**
FT. WASHINGTON PA 19034

TITLE Change Addition
NAME **CEO / Treasurer**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR**
STREET ADDRESS **BUERGER, CONSTANCE M**
CITY-ST-ZIP **7111 VALLEY GREEN ROAD**
FT. WASHINGTON PA 19034

TITLE Change Addition
NAME **President / Secretary**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR**
STREET ADDRESS **BUERGER, REID S**
CITY-ST-ZIP **7111 VALLEY GREEN ROAD**
FT. WASHINGTON PA 19034

TITLE Change Addition
NAME **Executive Vice President**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Alan H. Buerger

4/3/01

(215) 2335100

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

Date

Daytime Phone #

CR2E083 (11/00)