
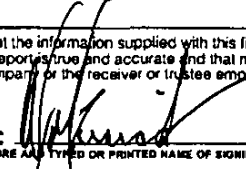


FILED  
Jun 03, 2008 8:00 am  
Secretary of State

04-29-2008 90066 001 \*2,913.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # L01000019677</b>   |  |    |   |
| 1. Entity Name<br>CENTURY JONATHAN'S COVE, LLC   |  |   |   |
| Principal Place of Business<br>1951 NW 19TH STREET<br>SUITE 200<br>BOCA RATON, FL 33431  |  | Mailing Address<br>1951 NW 19TH STREET<br>SUITE 200<br>BOCA RATON, FL 33431   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State  |   |
| Zip  | Country  | Zip   | Country   |
| 4. FEI Number<br>65-1157106  |  | Applied For<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |   |
| 6. Name and Address of Current Registered Agent<br>DIFIORE, CORA<br>1951 NW 19TH STREET<br>SUITE 200<br>BOCA RATON, FL 33431   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.  |  |   |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____   |  |   |   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |  | Make check payable to<br>Florida Department of State  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>EISNER, NEIL<br>3300 UNIVERSITY DRIVE<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>FALCONE, ARTHUR<br>1951 NW 19TH STREET<br>BOCA RATON, FL 33431 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>FALCONE, EDWARD<br>1951 NW 19TH STREET<br>BOCA RATON, FL 33431 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>FALCONE, ROBERT<br>1951 NW 19TH STREET<br>BOCA RATON, FL 33431 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |  | william makusack 5/28/08 561 961 1249   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date Daytime Phone #  |   |