2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DOCU	MENT # A00000000	0687		150		•	, ,			· f	
1. Entity Name COVE GP, LLLP										•	
Principal Piac	on of Rusiness	Meiling	Address		VE TEN	OL AP	R30 P	M 12: 16	;		
Principal Place of Business Mailing Addres 115 NW 167 ST., #300 115 NW 167			W 167 ST., #300		i	1					
NORTH MIA	MI BEACH FL 33169	NORTI	H MIAMI BEACH FL	33169		SECRE	TARY (DE STAI TELORI			
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2. Principal F	Place of Business	3. Maitir	ng Address								
Suite,	One SE 3rd Avenue	Suite	One SE 3rd A	venue -		МО	ORE	CR2E003	(11/03)		
City 8 Suite 3100		City	City Suite 3100			4. FEI Number				Applied Fo	
	Miami, FL 33131		Miami, FL 33	131 —		6	5-105844	45		Not Applica	
Zip		Zip	<u></u>			5. Certificate of St	atus Desired		\$8.75 A Fee Requ		
	6. Name and Address of Curre	ent Registered	l Agent			7. Name and Add	ress of New	Registered	Agent		
BFH	IAR, SABY			Name-							
115 NW 167-ST 200- NORTH 33169				Street	One S	E 3rd Avenue	Acceptat	ole) 			
N O I	411	:10A-	•		Suite 3						
				City	Miam	i, FL 33131		FL	Zip C	ode	
8. The above	named entity submits this statemen					ed agent or both in	the State of F	lorido I am	familiar wit	th and 200	
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	tions of registered agent.			istered office o	r registere			DATE			
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