

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90061 015 \*\*\*\*50.00

**DOCUMENT # L00000006032**

1. Entity Name  
CORTEZ COVE OPERATIONS, L.L.C.



Principal Place of Business  
4522 121ST STREET  
CORTEZ, FL 34215

Mailing Address  
1741 MAIN STREET, SUITE 201  
SARASOTA, FL 34236

2. Principal Place of Business

3. Mailing Address  
2127 Ringling Blvd.  
Suite 102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Sarasota, FL

Zip

Country

Zip  
34237

Country  
USA

01302004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
65-1010567

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VENABLE, JOSEPH P  
1400 4TH AVENUE WEST  
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME RIVOLTA, PIERO  
STREET ADDRESS 215 ROBIN DRIVE  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGR ☐ Delete  
NAME SCICCHITANO, GIANCARLO  
STREET ADDRESS 1741 MAIN ST., SUITE 101  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 2127 Ringling Blvd., Suite 102  
STREET ADDRESS Sarasota, FL 34237  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

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

4/25/04

Date

9419540355

Daytime Phone #