


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|--|--|--|--|---|--|--|--|
| DOCUMENT # L00000007905 1. Entity Name SIENNA COVE, LLC | | | |  | | FILED 06 FEB 14 AM 11:27 STATE OF FLORIDA TREASURY DEPARTMENT | |
| Principal Place of Business 6401 A1A SOUTH ST. AUGUSTINE, FL 32080 | | | | Mailing Address 6401 A1A SOUTH ST. AUGUSTINE, FL 32080 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | | | City & State Zip Country | | | |
| 4. FEI Number NOT APPLICABLE | | | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent FARLEY, EDWARD 6401 A1A SOUTH ST. AUGUSTINE, FL 32080 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE MGR NAME FARLEY, EDWARD <input type="checkbox"/> Delete STREET ADDRESS 6401 A1A SOUTH CITY-ST-ZIP ST. AUGUSTINE, FL 32080 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100066201231 STREET ADDRESS 02/20/06--01035--022 **250.00 CITY-ST-ZIP | | | |
| TITLE MGR NAME ANDERSON, ALETA <input type="checkbox"/> Delete STREET ADDRESS 6401 A1A SOUTH CITY-ST-ZIP ST. AUGUSTINE, FL 320807111 | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 5584 N Oceanshore Blvd STREET ADDRESS P/Lm Crest, FL 321372700 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| 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: Edward Farley 2/14/06 904-471-2578 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | | | |