2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009182

Entity Name: HIGH COVE, L.C.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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741 S. ORANGE 655 41ST STREET

SARASOTA, FL 34236 US SARASOTA, FL 34234 US

Current Mailing Address: New Mailing Address:

P.O. BOX 15340 P.O. BOX 2097

SARASOTA, FL 34277 US ENGLEWOOD, FL 34295 US

FEI Number: 59-3696764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RONAY, OLGA 655 41ST STREET SARASOTA, FL 34234 US

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BRAIN, DAVID
 Name:

 Address:
 615 CORWOOD DR
 Address:

 City-St-Zip:
 SARASOTA, FL 34234
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MARTIN, RICHARD
 Name:

 Address:
 2340 BRADENTON RD. 1#2
 Address:

 City-St-Zip:
 SARASOTA, FL 34239 US
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 MERRILL, ANNE L
 Name:
 MERRILL, ANNE L

 Address:
 1610 STICKNEY POINT ROAD, #201
 Address:
 P.O. BOX 2097

City-St-Zip: SARASOTA, FL 34231 US City-St-Zip: ENGLEWOOD, FL 34295 US

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MOORE, JOHN D
 Name:

 Address:
 655 41ST STREET
 Address:

 City-St-Zip:
 SARASOTA, FL 34234 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 RONAY, OLGA
 Name:

 Address:
 655 41ST STREET
 Address:

 City-St-Zip:
 SARASOTA, FL 34234
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MCNICOL, DANIEL E
 Name:

 Address:
 1936 MORRILL STREET
 Address:

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNE L. MERRILL MGRM 04/28/2006