

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-14-2006 90199 041 ****55.00

DOCUMENT # L01000000511 1. Entity Name COVENTRY ASSOCIATES, LLC																									
Principal Place of Business LEONARD SCULLER 3749 COVENTRY LANE BOCA RATON FL 33496		Mailing Address LEONARD SCULLER 3749 COVENTRY LANE BOCA RATON FL 33496																							
2. Principal Place of Business 16361 BRAEBURN RIDGE TR. Suite, Apt. #, etc.		3. Mailing Address 16361 BRAEBURN RIDGE TR. Suite, Apt. #, etc.																							
City & State DELRAY BEACH, FL Zip 33446 Country USA		City & State DELRAY BEACH, FL Zip 33446 Country USA																							
4. FEI Number 65-1114631		Applied For ☐ Not Applicable																							
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05)																							
6. Name and Address of Current Registered Agent SCULLER, LEONARD 3749 COVENTRY LANE BOCA RATON FL 33496		7. Name and Address of New Registered Agent Name LEONARD SCULLER Street Address (P.O. Box Number is Not Acceptable) 16361 BRAEBURN RIDGE TRAIL City DELRAY BEACH FL Zip Code 33446																							
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 <u><i>Leonard Sculler</i></u> (NOTE: Registered Agent signature required when term, listed) DATE _____																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006		March 2, 2006																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR SCULLER, LEONARD MGR 3749 COVENTRY LANE BOCA RATON FL 33496 ☒ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> HALLIE DWORNIK PRES. 16361 BRAEBURN RIDGE TR. DELRAY BEACH, FL 33446 ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCULLER, LEONARD MGR 3749 COVENTRY LANE BOCA RATON FL 33496 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HALLIE DWORNIK PRES. 16361 BRAEBURN RIDGE TR. DELRAY BEACH, FL 33446 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> CEO LEONARD SCULLER 16361 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446 ☒ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> HALLIE DWORNIK PRES. 16361 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446 ☐ Change ☒ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LEONARD SCULLER 16361 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HALLIE DWORNIK PRES. 16361 BRAEBURN RIDGE TRAIL DELRAY BEACH, FL 33446 ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Leonard Sculler</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/2/06 561-654-6700																							