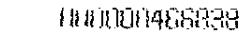


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000019677		
1. Entity Name CENTURY JONATHAN'S COVE, LLC		
Principal Place of Business 1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431	Mailing Address 1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431	 02282006 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-1157106		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent DIFIORE, CORA 1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		 03/23/06 00025-018 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISNER, NEIL 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALCONE, ARTHUR 1951 NW 19TH STREET BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALCONE, EDWARD 1951 NW 19TH STREET BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALCONE, ROBERT 1951 NW 19TH STREET BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date 3/9/06 Daytime Phone #