

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2006 90423 032 ****50.00

DOCUMENT # L02000002340

1. Entity Name
3775 COVENTRY LANE, L.L.C.



Principal Place of Business
6800 BROKEN SOUND PARKWAY NW, 2ND FL.
BOCA RATON, FL 33487

Mailing Address
6800 BROKEN SOUND PARKWAY NW, 2ND FL.
BOCA RATON, FL 33487

20010843



02092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
27-0030081

Applied For
Not Applicable

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent

MANASTER, JOSHUA D ESQUIRE
1428 BRICKELL AVENUE, EIGHTH FLOOR
MIAMI, FL 33131

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

TITLE MGRM ☐ Delete
NAME BELL, MARC H
STREET ADDRESS 6800 BROKEN SOUND PARKWAY NW, 2ND FL.
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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: Marc H. Bell 2/22/06 561-988-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #