


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90080 023 ****50.00

DOCUMENT # L02000006083 1. Entity Name COVENANT FINANCIAL SERVICES LLC					
Principal Place of Business 4336 PABLO OAKS COURT JACKSONVILLE, FL 32224			Mailing Address 4336 PABLO OAKS COURT JACKSONVILLE, FL 32224		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0630809	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA 225 WATER ST., SUITE 1800 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKS, GREG 267 SOPHIA TERR SAINT AUGUSTINE, FL 32095	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLISSON, DON JR 4451 CATHEYS CLUB LN JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIAD FINANCIAL SERVICES, INC. 4336 PABLO OAKS CT JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 2-3-05 Daytime Phone #: 904-223-1111					