


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000006083 1. Entity Name COVENANT FINANCIAL SERVICES LLC	
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Principal Place of Business 4336 PABLO OAKS COURT JACKSONVILLE, FL 32224	Mailing Address 4336 PABLO OAKS COURT JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0630809	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA 225 WATER ST., SUITE 1800 JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$50.00
Due by May 1, 2007**

U000000598380
01/24/07-80074-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKS, GREG 267 SOPHIA TERRACE ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLISSON, DON JR 4451 CATHEYS CLUB LN JACKSONVILLE, FL 32224
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**DO NOT WRITE
IN THIS SPACE**

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: David Zavarella **DAVID ZAVARELLA** 1/18/07 904.223.1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #