

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006415

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: CABOT COVE OF LARGO, LLC

**Current Principal Place of Business:**

455 BELCHER RD. S  
LARGO, FL 33771 US

**New Principal Place of Business:**

**Current Mailing Address:**

455 BELCHER RD. S  
LARGO, FL 33771 US

**New Mailing Address:**

FEI Number: 03-0412297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWALLOW, JAN E  
455 BELCHER RD. S  
LARGO, FL 33771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CABOT MANAGEMENT, LLC  
Address: P.O. BOX 17547  
City-St-Zip: SARASOTA, FL 34276 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAM NIVEN  
Address: 5028 WILLOW LEAF WAY  
City-St-Zip: SARASOTA, FL 34241 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM NIVEN

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date