


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000016363 1. Entity Name COVEMONT CO, LLC	
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Principal Place of Business % ZAEDY R. POZO 2655 LE JEUNE ROAD, PENTHOUSE ID CORAL GABLES, FL 33134	Mailing Address % ZAEDY R. POZO 2655 LE JEUNE ROAD, PENTHOUSE ID CORAL GABLES, FL 33134
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02272004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3884894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POZO, ZAEDY R  
2655 LE JEUNE ROAD, PENTHOUSE ID  
CORAL GABLES, FL 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

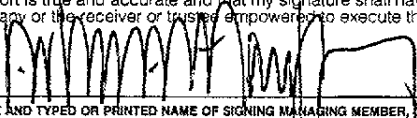
U00000075081  
03/03/04-80045-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POZO, ZAEDY R 2655 LEJEUNE ROAD, PENTHOUSE ID CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TARAF, ROBERTO M 2655 LEJEUNE RD. PH ID CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:  DATE: 3/1/04 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE