

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# L02000016363

Entity Name: COVEMONT CO, LLC

Current Principal Place of Business:

6501 NW 36 STREET
101
VIRGINIA GARDENS, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

6501 NW 36 STREET
101
VIRGINIA GARDENS, FL 33166 US

New Mailing Address:

FEI Number: 22-3884894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZO, ZAEDY R
2655 LE JEUNE ROAD, PENTHOUSE ID
CORAL GABLES, FL 33134 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: POZO, ZAEDY R
Address: 2655 LEJEUNE ROAD, PENTHOUSE ID
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: TARAFA, ROBERTO M
Address: 6501 NW 36 STREET, SUITE 101
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: MGRM () Delete
Name: TARAFA, JOVANNI R
Address: 6501 NW 36 STREET, SUITE 101
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: MGRM () Delete
Name: TARAFA, ROBERTO C
Address: 6501 NW 36 STREET, SUITE 101
City-St-Zip: VIRGINIA GARDENS, FL 33166 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTO TARAFA

MR.

03/21/2006

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