


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90161 004 ****50.00

DOCUMENT # L02000032524 1. Entity Name COVINGTON'S OF SOUTHWEST FLORIDA, LLC	
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Principal Place of Business 1037 5TH AVENUE NORTH NAPLES, FL 34102	Mailing Address 1037 5TH AVENUE NORTH NAPLES, FL 34102
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24029547



DO NOT WRITE IN THIS SPACE

03022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0438143	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

GRABINSKI, MATTHEW L ESQ.
% GARLICK, STETLER & PEEPLES, LLP
4001 TAMiami TRAIL N # 300
NAPLES, FL 34103

**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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULLIFORD, JOHN T 2120 SHAD COURT NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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:  Date: 3/23/04 Daytime Phone #: 239-774-1791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #