

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90001 008 ****50.00

DOCUMENT # L02000032524

1. Entity Name

COVINGTON'S OF SOUTHWEST FLORIDA, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1037 Fifth Ave N.

Suite, Apt. #, etc.

3. Mailing Address

1037 Fifth Ave N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples FL

Zip

34102

Country

City & State

Naples FL

Zip

34102

Country

4. FEI Number

51-0438143

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MATTHEW L. GRABINSKI, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

400 Goodlette, Coleman & Johnson, P.A.

4001 Tamiami Trail N. #300

City
Naples

FL

Zip Code

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

MATTHEW GRABINSKI

2/20/03
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE

Manager

NAME

John T. Gulliford

STREET ADDRESS

2120 Shad Ct.

CITY-ST-ZIP

Naples FL 34102

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

[Signature]

2/21/03

239-263-4824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)