

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000005680**

1. Entity Name  
**CEDAR COVE LLC**



Principal Place of Business  
**920 SW 75 AVE  
PLANTATION, FL 33317**

Mailing Address  
**920 SW 75 AVE  
PLANTATION, FL 33317**



03082005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1152169**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCGONIGLE, JACQUELINE  
6221 BANYAN TERR  
PLANTATION, FL 33317**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTRONG, SHARON 920 SW 75 AVENUE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEJA, MARY 1960 SW 69 AVENUE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEJA, ALLEN 1960 SW 69 AVENUE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTRONG, STEVE 920 SW 75 AVENUE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000268918  
03/18/05-80062-018 50.00

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

Date

Daytime Phone #

*Mary F. Leja*  
**3/15/05 954583-9394**