

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008709

**FILED**  
**Jan 15, 2007**  
**Secretary of State**

**Entity Name:** GEM COVE APARTMENTS, LLC

**Current Principal Place of Business:**

112 RINGWOOD ROAD  
BYRN MAWR, PA 19010

**New Principal Place of Business:**

**Current Mailing Address:**

112 RINGWOOD ROAD  
BYRN MAWR, PA 19010

**New Mailing Address:**

**FEI Number:** 41-2087605

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

ELKIN, STEVEN C  
7805 S.W. 6TH COURT  
FRANK, WEINBERG & BLACK, P.L.  
PLANTATION, FL 33324 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: HURST, MARILYN  
Address: 112 RINGWOOD ROAD  
City-St-Zip: BRYN MAWR, PA 19010 US

**ADDITIONS/CHANGES:**

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: MARILYN HURST

MGRM

01/15/2007

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