
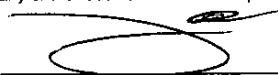


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90353 032 ****50.00

DOCUMENT # L03000017110 1. Entity Name EAST LAKE COVE II, LLC					
Principal Place of Business 232 S. DILLARD ST STE 201 WINTER GARDEN, FL 34787			Mailing Address P.O. BOX 770609 WINTER GARDEN, FL 34777-0609 US		
2. Principal Place of Business - No P.O. Box # 132 W. Plant St.		3. Mailing Address Suite, Apt. #, etc. Suite 200			
City & State Winter Garden FL		City & State Winter Garden FL		4. FEI Number 54-2111610	
Zip 34787		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATT, JAMES R ESQ 369 NORTH NEW YORK AVE., THIRD FLOOR WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUNE, ROHLAND A PO BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAWTHORN, FRANK JR P.O. BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAMINSKI, CHRISTOPHER L P.O. BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEDOFF, JEFFREY A P.O. BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, JACQUELINE M P.O. BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, JACQUELINE M P.O. BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, JACQUELINE M P.O. BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Rohland A. June 4-11-07 407-905-8180 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					