

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000017110

1. Entity Name
EAST LAKE COVE II, LLC



Principal Place of Business

132 WEST PLANT ST
SUITE 200
WINTER GARDEN, FL 34787

Mailing Address

P.O. BOX 770609
WINTER GARDEN, FL 34777-0609 US

FILED
Mar 31, 2008 08:00 AM
Secretary of State



03202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2111610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000875550
04/11/08-80037-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JUNE, ROHLAND A PO BOX 770609 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAWTHORN, FRANK JR P.O. BOX 770609 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAMINSKI, CHRISTOPHER L P.O. BOX 770609 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEDOFF, JEFFREY A P.O. BOX 770609 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, JACQUELINE M P.O. BOX 770609 WINTER GARDEN, FL 34777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

Jacqueline M. May 3/28/08 407-905-9180