

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # L03000038829

1. Entity Name
EBER COVE, LLC



Principal Place of Business
**432 S. BABCOCK ST.
MELBOURNE, FL 32901**

Mailing Address
**432 S. BABCOCK ST.
MELBOURNE, FL 32901**



02062007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0295201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEAN MEAD SRVS LLC
800 N MAGNOLIA AVE
STE 1500
ORLANDO, FL 32803**

**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, 2007**

U000000649124
03/07/07-80036-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZZEMINTI, JERRY JR. 432 S. BABCOCK ST. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEZZEMINTI, ALEXANDER 432 S. BABCOCK ST. MELBOURNE, FL 32901
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**DO NOT WRITE
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, typed or printed name of signing managing member, or authorized representative

**ALEXANDER
PEZZEMINTI**

2/16/07 321-723-0651

Date

Daytime Phone #