


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90025 008 ****50.00

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|--|---------------------------|--|--|--|--|
| DOCUMENT # L04000002196 | | | |  | |
| 1. Entity Name THE COVE LLC | | | | | |
| Principal Place of Business 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 | | Mailing Address 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| State, Apt. #, etc. | | State, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| FOX, M. LANNING 1100 S. FEDERAL HIGHWAY STUART, FL 34994 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | Zip Code | |
| 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 _____ DATE _____ | | | | | |
| <small>SIGNATURE (typed or printed name of registered agent and filer if applicable) (IF NE, Registered Agent signature required when creating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | TITLE | MGRM | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RENAR DEVELOPMENT COMPANY | | NAME | DOSS, ARDEN, JR. | |
| STREET ADDRESS | 3350 NW ROYAL OAK WAY | | STREET ADDRESS | 3350 NW ROYAL OAK DRIVE | |
| CITY- ST- ZIP | JENSEN BEACH, FL 34957 | | CITY- ST- ZIP | JENSEN BEACH, FL 34957 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | MGRM/C/ASS'T SECT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | DOSS, RENEE' M. | |
| STREET ADDRESS | | | STREET ADDRESS | 3350 NW ROYAL OAK DRIVE | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | JENSEN BEACH, FL 34957 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | VP/S/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | ROWE, RHONDA S. | |
| STREET ADDRESS | | | STREET ADDRESS | 3350 NW ROYAL OAK DRIVE | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | JENSEN BEACH, FL 34957 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| 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: <u><i>Renee M. Doss</i></u> | | RENEE' M. DOSS | | 4/26/06 772-692-7800 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>DATE</small> | | <small>Daytime Phone #</small> | |