

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT .**

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-09-2005 90049 016 ****50.00

DOCUMENT # L04000006769					
1. Entity Name SACARMA COVE LLC					
Principal Place of Business 27 BOUGAINVILLEA AVE KEY WEST, FL 33040			Mailing Address 27 BOUGAINVILLEA AVE KEY WEST, FL 33040		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04212005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-2668096				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGSMITH, ROBERT E ESQ FELDMAN KOENIG & HIGSMITH, P.A. 3158 NORTHSIDE DR KEY WEST, FL 33040			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE					
Filing Fee is \$50.00 Due by May 1, 2005		_____		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME M E DEVELOPMENT LLC STREET ADDRESS 27 BOUGAINVILLEA AVE CITY - ST - ZIP KEY WEST, FL 33040	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition	
TITLE MGRM NAME H-TRY LLC STREET ADDRESS 27 BOUGAINVILLEA AVE CITY - ST - ZIP KEY WEST, FL 33040	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>			Date: 4/22/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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