## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016114

1. Entity Name LANCOVE HOMES, LLC



Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS City-St-ZIP Mailing Address

2856 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306

2856 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306



 $\Box$ 

DO NOT WRITE IN THIS SPACE

01042006No Chg-LLC CR2E083 (11/05)

4. FEI Number 38-3709457

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COVEN, DAVID A 2856 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306

## DO NOT WRITE IN THIS SPACE

		1		
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registéred agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept	
SIGNATURE				
5,6,4,1,4,1,2,2	Signature, typod or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstalling)	DATE	
Fi Di	iling Fee is \$50.00 ue by May 1, 2006	<u>.</u> . — —		
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COVEN, DAVID A 2856 E. OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306	-	U00000383158 01/12/06-80043-005 50.00	
TITLE NAME STREET ADDRESS CITY ST-ZIP				
TITLE Name Street address City-St-Zip		DO	DO NOT WRITE IN THIS SPACE	
HTLE NAME STREET ADDRESS		IN		

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

Daylore Phone #

Daylore Phone #