

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000022118

Entity Name: CHRISTINE COVE GP, LLC

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2933 MYRTLE AVENUE NORTH  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

2933 MYRTLE AVENUE NORTH  
JACKSONVILLE, FL 32209

**New Mailing Address:**

FEI Number: 20-0896007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CURLEY, CHARLES R JR  
1301 RIVERPLACE BOULEVARD, STE. 1500  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NELSON, TONY D  
Address: 2933 MYRTLE AVENUE NORTH  
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM  
Name: GREER, MATTHEW S  
Address: 2950 SW 27TH AVENUE  
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW S. GREER

MGRM

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date