2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023043

Entity Name: TOWN HOMES OF WEST BAY COVE, LLC

FILED Apr 25, 2005 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|-------------------------------------|---|---------------------------------------|
| 106 EAST LIME STRE TARPON SPRINGS, F | | | |
| Current Mailing Address: | | New Mailing Address: | |
| P.O. BOX 936 TARPON SPRINGS, F | L 346880936 | | |
| FEI Number: | FEI Number Applied For() | FEI Number Not Applicable (X) | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| BAKKALAPULO, LOUI 111 NORTH BELCHEF CLEARWATER, FL 33 | R ROAD, SUITE 201 | | |
| The above named entilin the State of Florida. | ty submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| MANAGING MEMBERS/MEMBERS: | | ADDITIONS/CHANGES: | |
| Title: MGRM | () Delete | Title [.] | () Change () Addition |

Name:

Address:

City-St-Zip:

COSTA HOMES, INC.,

106 EAST LIME STREET

TARPON SPRINGS, FL 346880936

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COSTA HOMES, INC. MGRM 04/25/2005