

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90157 021 \*\*\*\*50.00

**DOCUMENT # L04000023987**

1. Entity Name

SECON COVE, L.L.C.



Principal Place of Business

1057 GULF SHORE BOULEVARD  
ALLIGATOR POINT FL 32346

Mailing Address

1057 GULF SHORE BOULEVARD  
ALLIGATOR POINT FL 32346

2. Principal Place of Business

1656 Metropolitan Cir.

Suite, Apt. #, etc.

3. Mailing Address

1656 Metropolitan Cir.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

City & State

Tallahassee, FL

Zip

32308

Country

4. FEI Number

20-1285864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMB, MARION D III  
217 PINEWOOD DRIVE  
TALLAHASSEE FL 32303

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME FLING, STEVE E  
STREET ADDRESS 1057 GULF SHORE BOULEVARD  
CITY-ST-ZIP ALLIGATOR POINT FL 32346

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 676 Alligator Dr.  
CITY-ST-ZIP Alligator Point, FL 32346-5102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/25/05