

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000033996

Entity Name: FISHERMAN'S COVE, LLC

FILED  
Oct 31, 2007  
Secretary of State

**Current Principal Place of Business:**

14200 A&W BULB ROAD  
FORT MYERS, FL 33908

**New Principal Place of Business:**

10040 LAKE COVE DRIVE  
FORT MYERS, FL 33908

**Current Mailing Address:**

705 UNION AVE. RT 71  
BRIELLE, NJ 08730

**New Mailing Address:**

FEI Number: 20-1385249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STAMOS, GEORGE  
94 LIGHTHOUSE DRIVE  
JUPITER, FL 33469 US

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

ROBERTS, DENNIS T  
10040 LAKE COVE DRIVE  
FT. MYERS, FL 33908 US

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: DENNIS T. ROBERTS

10/31/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STAMOS, GEORGE  
Address: 94 LIGHTHOUSE DRIVE  
City-St-Zip: JUPITER, FL 33469

Title: MGRM (X) Delete  
Name: ROBERTS, DENNIS T  
Address: 705 UNION AVE., RT 71  
City-St-Zip: BRIELLE, NJ 08730

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBERTS, DENNIS T  
Address: 705 UNION AVE, RT 71  
City-St-Zip: BRIELLE, NJ 08730

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DENNIS T. ROBERTS

MR.

10/31/2007

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