

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90152 049 ****50.00

DOCUMENT # L04000034789

1. Entity Name
CORTEZ COVE LLC



Principal Place of Business
**4520 121ST STREET WEST
CORTEZ, FL 34215**

Mailing Address
**P.O. BOX 808
CORTEZ, FL 34215**

20006546



01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1085547	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BELL, KAREN L
~~12003 45TH AVENUE W~~ **PO BOX 808**
CORTEZ, FL 34215

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELL, KAREN L 12003 45TH AVE W - P.O. BOX 952 CORTEZ, FL 34215
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BREUGGEMAN, JUDITH A 4204 128TH ST. W - P.O. BOX 621 CORTEZ, FL 34215
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: *Karen L Bell*

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

26 Jan 06 *941.761.4554*

Date

Daytime Phone #