

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90251 013 \*\*\*\*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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-1085547**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, KAREN L  
12003 45TH AVENUE W  
CORTEZ, FL 34215**

Name **JUDITH A. BREUGGEMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**AS ABOVE**  
City **CORTEZ** FL Zip Code **34215**

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 **JUDITH A. BREUGGEMAN** (NOTE: Registered Agent signature required when reinstating) DATE **6 Apr 07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BELL, KAREN L  
12003 45TH AVE W - P.O. BOX 952  
CORTEZ, FL 34215** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BREUGGEMAN, JUDITH A  
4204 128TH ST. W - P.O. BOX 621  
CORTEZ, FL 34215** ☐ Delete

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

TITLE  
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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 **JUDITH A. BREUGGEMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **6 Apr 07** Daytime Phone # **741-761-8554**