

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041154

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** THE COUVER STREET LIMITED COMPANY

**Current Principal Place of Business:**

3716 W TACON ST  
TAMPA, FL 33629

**New Principal Place of Business:**

7042 TWIN HILLS TERRACE  
BRADENTON, FL 34202

**Current Mailing Address:**

3716 W TACON ST  
TAMPA, FL 33629

**New Mailing Address:**

7042 TWIN HILLS TERRACE  
BRADENTON, FL 34202

**FEI Number:** 73-1710049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUARTERMAINE, ERIKA  
3716 W TACON ST  
TAMPA, FL, FL 33629 US

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

QUARTERMAINE, ERIKA  
7042 TWIN HILLS TERRACE  
BRADENTON, FL 34202 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: /S/ ERIKA NIKLA QUARTERMAINE

04/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM ( ) Delete  
Name: QUARTERMAINE, SAMUEL  
Address: 3716 W TACON ST  
City-St-Zip: TAMPA, FL 33629

Title: MM ( ) Delete  
Name: QUARTERMAINE, ERIKA  
Address: 3716 W TACON ST  
City-St-Zip: TAMPA, FL 33629

Title: MM ( ) Delete  
Name: QUARTERMAINE, LYNN  
Address: 1660 WISCONSIN LANE  
City-St-Zip: SARASOTA, FL 34239

Title: MM ( ) Delete  
Name: QUARTERMAINE, ROSEMARY  
Address: 1660 WISCONSIN LANE  
City-St-Zip: SARASOTA, FL 33629

**ADDITIONS/CHANGES:**

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

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

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

Title: ( ) Change ( ) Addition  
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 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: /S/ SAM QUARTERMAINE

MM

04/12/2007

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