2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90019 019 ****50.00

DOCUMENT # L04000042477

1. Entity Name
CASON COVE, LLC

Principal Place of Business	Mailing Address
1936 WEST MARTIN LUTHER KING BLVD. SUITE 202 TAMPA, FL 33607	1936 WEST MARTIN LUTHER KING BLVD. SUITE 202 TAMPA, FL 33607

20037832

02092005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address *17007 Dennis Rd*	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State *Lutz FL*	4. FEI Number *20-1219256* — Applied For / Not Applicable
Zip	Country	Zip *33558* Country *US*	5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, CHISTOPHER H
315 S. HYDE PARK AVE.
TAMPA, FL 33606

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE **MGR** NAME **CASON, JENNIFER E** STREET ADDRESS **1936 WEST MARTIN LUTHER KING BLVD.** CITY-ST-ZIP **TAMPA, FL 33607**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGR** NAME **CASON, EARL L** STREET ADDRESS **1936 WEST MARTIN LUTHER KING BLVD.** CITY-ST-ZIP **TAMPA, FL 33607**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Jennifer E Cason*   *Jennifer Cason*   *2-10-05*   *813-309-2112*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #