

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042477

Entity Name: CASON COVE, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

1936 WEST MARTIN LUTHER KING BLVD.
SUITE 202
TAMPA, FL 33607

New Principal Place of Business:

17007 DENNIS RD.
LUTZ, FL 33558

Current Mailing Address:

17007 DENNIS RD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 20-1219256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASON, JENNIFER E
Address: 1936 WEST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Delete
Name: CASON, EARL L
Address: 1936 WEST MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CASON LINDER, JENNIFER
Address: 17007 DENNIS RD.
City-St-Zip: LUTZ, FL 33558

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: JENNIFER CASON LINDER

MGR

04/26/2006

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