


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90016 028 ***138.75

DOCUMENT # L04000047815

1. Entity Name
RIVER COVE CENTRAL, LLC



Principal Place of Business Mailing Address
872 COLORADO AVE **872 COLORADO AVE**
STUART, FL 34994 **STUART, FL 34994**

50004920



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
759 S. FEDERAL HIGHWAY **759 S. FEDERAL HIGHWAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 321 **SUITE 321**

03112008 Chg-LLC CR2E083 (12/06)

City & State City & State
STUART, FL **STUART, FL**

Zip Country Zip Country
34994 **USA** **34994** **USA**

4. FEI Number Applied For
34-2006860 Not Applicable

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

6. Name and Address of Current Registered Agent

GIUNTA, DAVID R
872 COLORADO AVE
STUART, FL 34994

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
759 S. FEDERAL HIGHWAY
SUITE 321
 City Zip Code
STUART **FL 34994**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, JAMES MICHAEL 872 COLORADO AVE STUART, FL 34994	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUINTA, DAVID R. 759 S. FEDERAL HIGHWAY, SUITE 321 STUART, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David R. Giunta* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

Date: **4/25/08** Daytime Phone #: **772-528-2693**