

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2008 90036 011 ***138.75

DOCUMENT # L04000047816					
1. Entity Name RIVER COVE, LLC					
Principal Place of Business 872 COLORADO AVE STUART, FL 34994			Mailing Address 872 COLORADO AVE STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 759 S. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 321 City & State STUART, FL Zip 34994		3. Mailing Address 759 S. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 321 City & State STUART, FL Zip 34994			
Country USA		Country USA		03112008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 34-2007091				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 STUART FL Zip Code 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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROPP, TERRY 872 COLORADO AVE STUART, FL 34994		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIUNTA, DAVID R. 759 S. FEDERAL HIGHWAY, SUITE 321 STUART, FL 34994	
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: <i>David R. Giunta</i>			4/25/08 772-528-2643		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		