

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2008 90016 029 \*\*\*138.75

**DOCUMENT # L04000047817**

1. Entity Name  
**RIVER COVE NORTH EAST, 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**

3. Mailing Address  
**759 S. FEDERAL HIGHWAY**

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

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

City & State  
**STUART, FL**

City & State  
**STUART, FL**

Zip  
**34994**

Country  
**USA**

Zip  
**34994**

Country  
**USA**

03112008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**55-0878154**

Applied For  
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  
**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

Signature, typed or printed name of registered agent and title if applicable.

(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**

TITLE  
**MGRM** ☒ Delete  
NAME  
**GIUNTA, DAVID R**  
STREET ADDRESS  
**872 COLORADO AVE**  
CITY-ST-ZIP  
**STUART, FL 34994**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**759 S. FEDERAL HIGHWAY, SUITE 321  
STUART, FL 34994**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*David R. Giunta*

4/25/08 772-528-2693