2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056541

Entity Name: ARBOR COVE, LLC

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1179 US 27 SOUTH

City-St-Zip:

LAKE PLACID, FL 33852 US

LAKE PLACID, FL 33852 US

Current Mailing Address: New Mailing Address:

1179 US 27 SOUTH 4751 BONITA BEACH RD

LAKE PLACID, FL 33852 US BONITA SPRINGS, FL 34134 US

FEI Number: 11-3742032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHIAFONE, SALVATORE A
1179 US 27 SOUTH
SCHIAFONE, SALVATORE A
4751 BONITA BEACH RD

LAKE PLACID, FL 33852 US BONITA SPRINGS, FL 34134 US

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: SALVATORE A SCHIAFONE 04/28/2007

Electronic Signature of Registered Agent Date

City-St-Zip:

BONITA SPRINGS, FL 34134 US

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete SCHIAFONE, SALVATORE A SCHIAFONE, SALVATORE A Name: Name: Address: 1179 US 27 SOUTH Address: 4751 BONITA BEACH RD LAKE PLACID, FL 33852 US City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGR () Delete Title: MGR (X) Change () Addition Name: SCHIAFONE, CHERYL A Address: 1179 US 27 SOUTH Address: 4751 BONITA BEACH RD

I hereby certify that the information supplied with this filing does not qualify 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: SALVATORE A SCHIAFONE MGRM 04/28/2007