

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90056 028 ****50.00

DOCUMENT # L04000065192 1. Entity Name COVENANT DEVELOPMENT, LLC					
Principal Place of Business 3813 MARINER DRIVE PANAMA CITY, FL 32408			Mailing Address 3813 MARINER DRIVE PANAMA CITY, FL 32408		
2. Principal Place of Business		3. Mailing Address P.O. Box 14289			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Baton Rouge, LA		4. FEI Number 20-1655523	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 70898		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WILSON, GEORGE 3813 MARINER DRIVE PANAMA CITY, FL 32408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, GEORGE 3813 MARINER DRIVE PANAMA CITY, FL 32408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOIES, MICHAEL 1829 APPLEWOOD ROAD BATON ROUGE, LA 70808		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENN, CLAUDE M JR. PO BOX 96 WATSON, LA 70786		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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Michael W. Boies</u>			Date: <u>7/18/05</u> Daytime Phone #: <u>225-324-6526</u>		