## **2005 LIMITED LIABILITY COMPANY**

FILED Apr 12, 2005 8:00 am Secretary of State

DOCUMENT # L0400070084  1. Entily Name GREEN COVE INVESTMENT PROPERTIES, LLC							04-12-2003	5 90019	9 003 ****5	50.00
Principal Place 4417 BEACH JACKSONVILL	BLVD. SUIT	TE 200	Mailing Address 4417 BEACH BLVD. SUITE 200 JACKSONVILLE, FL 32207			20029748				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04072005	Chg-LLC	CR2	E083 (10/03)	
City & State			City & State		4. FEI Number	25793	48	<b>─</b>	oplied For ot Applicable	
Zip	Country		Zip Coun		. <u>-</u>	_5Certificate	of Status Desired	. 🗆	-\$5.00 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		Name .	7. Name and	Address of New	Registere	d Agent	
WOOD, MICHAEL L 4417 BEACH BLVD. SUITE 200					<u></u>	(P.O. Box Number	er is Not Acceptab	le)		
JACKSON'	VILLE, FL	_ 32207			<del></del>	<del></del>				
				1	City			F	L Zip Cod	le
		ty submits this statement for tered agent.	r the purpose of changing its	registered	office or registe	ered agent, or bot	h, in the State of F	lorida. I a	ım familiar with,	and accept
SIGNATURE .	Signature, typed	for printed name of registered agent a	and tale if applicable. (NOTI	E: Registered Ad	geni signature requir	id when remstating)		DAT	E	
			I							
		is \$50.00				2000			c payable to	
		is \$50.00 y 1, 2005	,						c payable to tment of Stat	Ð
				10.			Florid ADDITIONS	la Depar CCHANG	tment of Stat ES	
9. TITLE NAME		y 1,,2005	RS/MANAGERS Delete	TITLE NAME	03.	MGR E BROAG 11 BEA	Florid ADDITIONS	la Depar CCHANG	tment of Stat ES	B Addition
9. TITLE		y 1,,2005		TITLE NAME	ADDRIESS JA	TGRAGA C BROSE VI BEA CKSON	Florid ADDITIONS	la Depar CCHANG	tment of Stat ES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		y 1,,2005		TITLE NAME STREET / CITY-ST	ADDRESS 444	MGR G BROAG 17 BEA KKSON	Florid	la Depar CCHANG	tment of Stat ES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		y 1,,2005	□ Delete	TITLE NAME STREET / CITY-ST TITLE NAME STREET /	ADORESS	MGR F BROAG 117 BEA KKSON	Florid ADDITIONS	la Depar CCHANG	tment of Stat	<b>Æ</b> Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		y 1,,2005	□ Delete	TITLE NAME STREET / CITY-ST TITLE NAME	ADORESS	TGRADA E BROAD TI BEA TENSON	Florid ADDITIONS	la Depar CCHANG	tment of Stat	<b>Æ</b> Addition
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limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF STORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daysme Phone #