

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90041 016 ****50.00

DOCUMENT # L04000086157

1. Entity Name
COVENANT COVE DEVELOPERS, LLC



Principal Place of Business
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

Mailing Address
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



01182007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1938937

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROUP, KEVIN L
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THE ALTERRA GROUP, LLC
STREET ADDRESS	1914 ART MUSEUM DR
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	MGRM
NAME	URBAN PARTNER GROUP, INC.
STREET ADDRESS	1361 13TH AVE S, SUITE 245
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/16/07

Date

Daytime Phone # _____