



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90005 007 ****50.00

DOCUMENT # L05000000492 1. Entity Name COZY COVEY, LLC					
Principal Place of Business P.O. BOX 2595 PALM CITY, FL 34991			Mailing Address P.O. BOX 2595 PALM CITY, FL 34991		
2. Principal Place of Business 3176 SW Areca Dr. Suite, Apt. #, etc.		3. Mailing Address 3176 SW Areca Dr. Suite, Apt. #, etc.			
City & State Palm City, FL		City & State Palm City, FL		06162006 Chg-LLC CR2E083 (11/05)	
Zip 34990		Country USA		4. FEI Number 20-2093446	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HOLMQUIST, STEPHANIE 3176 SW ARECA DR PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. HOLMQUIST, STEPHANIE P.O. BOX 2595 PALM CITY, FL 34991	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Holmquist, Stephanie 3176 SW Areca Dr. Palm City, FL 34990
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Austin, Lynn 3144 SW Sunset Trace Cir. Palm City, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Stephanie Holmquist</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				6-21-2006 (772) 533-3607 <small>Date Daytime Phone #</small>	