2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# L05000004459

Entity Name: RIVER COVE TWO, LLC

Current Principal Place of Business:

5100 SE 11TH AVENUE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 222
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 20-2926554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN
1531 SE 36TH AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRANATA, SALVATORE T
Address: PO BOX 222
City-St-Zip: OCALA, FL 34478 US

Title: MGRM ( ) Delete
Name: LIGHTBODY, THOMAS W
Address: 9080 SW 19TH AVENUE ROAD
City-St-Zip: OCALA, FL 34476

Title: MGRM ( ) Delete
Name: HAMPY, DARRYL
Address: 1706 N MAGNOLIA, SUITE 203
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS W. LIGHTBODY MGMR 02/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date