# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 17, 2008**
**Secretary of State**

DOCUMENT# L05000016577

**Entity Name:** EASTERN COVE 42, LLC

**Current Principal Place of Business:**

174 WATERCOLOR WAY
SUITE 306
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

174 WATERCOLOR WAY
SUITE 306
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number: 20-2384723** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURKE, M. TODD ESQ
215 GRAND BOULEVARD STE. 101
DESTIN, FL 32550 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: | WRIGHT, E. ALLEN | |
| Address: | 6955 BRIXTON PLACE | |
| City-St-Zip: | SUWANEE, GA 30024 | |
| Title: | MGRM | ( ) Delete |
| Name: | WRIGHT, WILLIAM A | |
| Address: | 680 KNAPPS HIGHWAY | |
| City-St-Zip: | FAIRFIELD, CT 06825 | |
| Title: | MGRM | ( ) Delete |
| Name: | RUDEN, CLIFFORD A | |
| Address: | 174 WATERCOLOR WAY #306 | |
| City-St-Zip: | SANTA ROSA BEACH, FL 32459 | |
| Title: | MGRM | ( ) Delete |
| Name: | RUDEN, GEORGE B | |
| Address: | 1219 WYNFORD COLONY | |
| City-St-Zip: | MARIETTA, GA 30064 | |

**ADDITIONS/CHANGES:**

| | | |
|---|---|---|
| Title: | MGRM | (X) Change ( ) Addition |
| Name: | WRIGHT, E. ALLEN | |
| Address: | 180 EAST SHALLOWS DRIVE | |
| City-St-Zip: | SANTA ROSA BEACH, FL 32459 | |
| 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 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: CLIFFORD RUDEN MM 01/17/2008

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