

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000036329**

1. Entity Name  
**COVENANT COMMUNITY PROPERTIES, LLC**



Principal Place of Business  
**180 NW AMENITY COURT  
LAKE CITY, FL 32055**

Mailing Address  
**180 NW AMENITY COURT  
LAKE CITY, FL 32055**



04292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2620239**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRYAN, ZECHER C  
639 SW CR 349  
LAKE CITY, FL 32024**

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZECHER, BRYAN C 639 SW CR 349 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMRHEIN, FREDERICK P 408 SW RIDGEVIEW PLACE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUCINEK, FRANK 180 NW AMENITY COURT LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZECHER, MELISSA W 639 SW CR 349 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMRHEIN, JOANNA P 408 SW RIDGEVIEW PLACE LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUCINEK, CYNTHIA 180 NW AMENITY COURT LAKE CITY, FL 32055

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05/24/07-80058-025 50.00

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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

Date

Daytime Phone #

*Cynthia S Soucinek*

*4/30/07*

*386-  
7525218*