2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000065578

DONALD E. COVAL L.L.C.

FILED Feb 02, 2007 08:00 AM Secretary of State

Principal Place of Business

1507 FLORA LEE DRIVE LEESBURG, FL 34748 US Mailing Address

1507 FLORA LEE DRIVE LEESBURG, FL 34748



01302007 No Chq-LLC

CR2E083 (11/05)

4. FEI Number 18-3348747	Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

COVAL, DONALD E 1507 FLORA LEE DRIVE

STREET ADDRESS CITY-ST-ZIP

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LEESBUR	3G, FL 34748	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstalling) DATE
F	Filing Fee is \$50.00 Due by May 1, 2007 U00000619186 02/08/07-80060-022 50.00	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVAL, DONALD E 1507 FLORA LEE DRIVE LEESBURG, FL 34748	; '.
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
UTLE NAME STREET ADDRESS CITY-ST-ZIP		,
TITLE.		

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE