
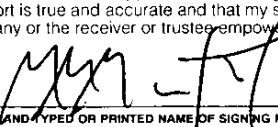


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90031 028 \*\*\*\*50.00

<b>DOCUMENT # L05000069289</b> 1. Entity Name COVE OF LAKE GERTRUDE, LLC					
Principal Place of Business 2055 OVERLOOK DRIVE MOUNT DORA, FL 32757			Mailing Address P.O. BOX 1273 MOUNT DORA, FL 32757 US		
2. Principal Place of Business 140 WEST 5TH AVENUE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State MOUNT DORA, FL		City & State			
Zip 32757		Country		4. FEI Number 20-3151686	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GUENTHER, GERARD G JR 2055 OVERLOOK DRIVE MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1909 OVERLOOK DRIVE City MOUNT DORA FL Zip Code 32757		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LDSCR VI, INC. 344 SOUTH HIGHLAND STREET MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	639 ALEXANDER STREET MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, GLEESON 673 WRIGHTWOOD AVENUE CHICAGO, IL 60614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUENTHER, GERARD G JR. 2055 OVERLOOK DRIVE MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1909 OVERLOOK DRIVE MOUNT DORA, FL 32757	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUGHTRY, SUE ELLEN 1843 OVERLOOK DRIVE MOUNT DORA, FL 32757		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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.					
<b>SIGNATURE:</b> 			5-1-06 352-735-9841		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		