
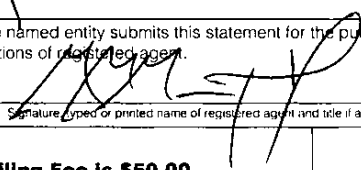
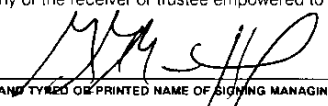


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90181 033 ****50.00

DOCUMENT # L05000069289					
1. Entity Name COVE OF LAKE GERTRUDE, LLC					
Principal Place of Business 140 W 5TH AVE MOUNT DORA, FL 32757			Mailing Address P.O. BOX 1273 MOUNT DORA, FL 32757 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUENTHER, GERARD G JR 1909 OVERLOOK DR MOUNT DORA, FL 32757			Name		
			Street Address (P.O. Box Number is Not Acceptable) 2055 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 				DATE 2/13/07	
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LDSCR VI, INC.		NAME		
STREET ADDRESS	639 ALEXANDER ST		STREET ADDRESS	344 S HIGHLAND ST	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN, GLEESON		NAME		
STREET ADDRESS	673 WRIGHTWOOD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60614		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUENTHER, GERARD G JR.		NAME		
STREET ADDRESS	1909 OVERLOOK DR		STREET ADDRESS	2055 OVERLOOK DRIVE	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUGHTRY, SUE ELLEN		NAME		
STREET ADDRESS	1843 OVERLOOK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE 2/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	