

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

01-23-2006 90141 029 ****50.00

DOCUMENT # L05000096430 1. Entity Name SOUTHPORT COVE, LLC					
Principal Place of Business 215 SAN MATEO DRIVE BONITA SPRINGS, FL 34134			Mailing Address 215 SAN MATEO DRIVE BONITA SPRINGS, FL 34134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-4366498	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROCHA, JOSE 215 SAN MATEO DRIVE BONITA SPRINGS, FL 34134				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Jose Rocha</i></u> (NOTE: Registered Agent signature required when relocating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROCHA, JOSE 215 SAN MATEO DRIVE BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Jose Rocha</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1-18-06</u> Daytime Phone # <u>239 498 0499</u>		

ATTACHMENT

Jose C. Rocha
215 San Mateo Drive
Bonita Springs, FL 34134
239-498-0499
DOLLFINPORT@AOL.COM

30001266
#L050000716430

January 19, 2006

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Annual Report Filing
Southport Cove, LLC

Dear Sir:

Enclosed please find a check in the amount of \$50.00 to cover the filing fee for the annual report
for Southport Cove, LLC. If there are any questions, feel free to call 239-498-0499.

Sincerely,


Jose C. Rocha



ATTACHMENT
30601264

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

SOUTHPORT COVE, LLC
215 SAN MATEO DRIVE
BONITA SPRINGS, FL 34134

Subject: **SOUTHPORT COVE, LLC**

Reference Number: **L05000096430**

~~Please be advised, we have received~~ your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

included on form

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION