

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003547

FILED
Jan 29, 2008
Secretary of State

Entity Name: COVE 7462, LLC

Current Principal Place of Business:

7508 COVE TERRACE
SARASOTA, FL 34231

New Principal Place of Business:

7013 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34231

Current Mailing Address:

7508 COVE TERRACE
SARASOTA, FL 34231

New Mailing Address:

7013 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34231

FEI Number: 20-4085322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SILBERSTEIN, DAVID M
50 CENTRAL AVENUE
SARASOTA, FL 34236 US

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.

SIGNATURE:

01/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHOLZ, CLIFFORD M
Address: 7508 COVE TERRACE
City-St-Zip: SARASOTA, FL 34231

Title: MGR () Delete
Name: SCHOLZ, SUSAN H
Address: 7508 COVE TERRACE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHOLZ, CLIFFORD M
Address: 7013 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: MGR (X) Change () Addition
Name: SCHOLZ, SUSAN H
Address: 7013 SOUTH TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLIFFORD M SCHOLZ

MGR

01/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date