2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005131

Entity Name: ROYAL COVE PROPERTIES, LLC

ONE CABLEVISION CENTER

LIBERTY, NY 12754

Address:

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
5150 NORTH TAMIAMI TRAIL, SUITE 402 NAPLES, FL 34103						
Current Mailing Address:			New Mailing Address:			
5150 NOR ⁻ NAPLES, F		RAIL, SUITE 402				
FEI Number:	20-4142880	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
UNITED CO 9200 SOUT MIAMI, FL	ΓH DADELANΙ	ERVICES , INC. D BLVD., SUITE 508				
The above in the State		submits this statement for the pu	ırpose of changing it	ts registered office or registered agent, or both		
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt	Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () GERRY, ALAN 5150 N TAMIAN NAPLES, FL 34		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	GERRY, ADAM	Delete AMIAMI TRAIL STE 402 1103	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VT () SUENHOLZ, KE ONE CABLEVIS LIBERTY, NY 1	ION CENTER	Title: Name: Address: City-St-Zip:	VT (X) Change () Addition SUEHNHOLZ, KEITH ONE CABLEVISION CENTER LIBERTY, NY 12754		
Title: Name: Address: City-St-Zip:	S () BOYD, LOUIS J ONE CABLEVIS LIBERTY, NY 1	ION CENTER	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	ASAT () GRILLO, CHRIS	Delete TOPHER	Title: Name:	() Change () Addition		

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.

Address:

City-St-Zip:

SIGNATURE: LOUIS J. BOYD S 04/22/2009