

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000015528

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** CONCH COVE, LLC

**Current Principal Place of Business:**

702 GOODLETTE RD.  
SUITE 100  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

702 GOODLETTE RD.  
SUITE 100  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 20-4294017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRENNAN, MANNA & DIAMOND, P.L.  
76 SOUTH LAURA STREET, SUITE 2110  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

STROHMEYER, JON F MD  
702 GOODLETTE ROAD NORTH, SUITE 100  
NAPLES, FL 34102 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: JON STROHMEYER

01/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STROHMEYER, JON F MD  
Address: 702 GOODLETTE ROAD NORTH, SUITE 100  
City-St-Zip: NAPLES, FL 34102

I hereby 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: JON STROHMEYER

JON

01/11/2010

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