

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019811

FILED  
Mar 01, 2007  
Secretary of State

**Entity Name:** COVENANT DESIGN CENTER, LLC

**Current Principal Place of Business:**

505 BEACHLAND BOULEVARD, SUITE 2  
VERO BEACH, FL 32963

**New Principal Place of Business:**

1204 19TH PLACE  
VERO BEACH, FL 32960

**Current Mailing Address:**

505 BEACHLAND BOULEVARD, SUITE 2  
VERO BEACH, FL 32963

**New Mailing Address:**

PO BOX 70  
WINTER BEACH, FL 32971

**FEI Number:** 11-3777843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASALINO, GREGG M ESQ  
3111 CARDINAL DRIVE  
VERO BEACH, FL 32963 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROUX, CARMELA  
Address: 505 BEACHLAND BOULEVARD, SUITE 2  
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROUX, CARMELA  
Address: 1204 19TH PLACE  
City-St-Zip: VERO BEACH, FL 32960

Title: MGR ( ) Change (X) Addition  
Name: ROUX, GARY  
Address: 1204 19TH PLACE  
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the 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: CARMELLA ROUX

MGR

03/01/2007

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