

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027343

FILED
May 03, 2008
Secretary of State

Entity Name: HARVEY COVINGTON AND THOMAS OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

498 PALM SPRINGS DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

407 CENTER POINTE CIR
SUITE 1603
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

498 PALM SPRINGS DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

407 CENTER POINTE CIR
SUITE 1603
ALTAMONTE SPRINGS, FL 32701

FEI Number: 13-4322921 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COVINGTON, SABRINA
498 PALM SPRINGS DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

COVINGTON, SABRINA
407 CENTERPOINTE CIRCLE
SUITE 1603
ALTAMONTE SPRINGS, FL 32701 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: _____

05/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MMGR () Delete
Name: COVINGTON, SABRINA
Address: 498 PALM SPRINGS, STE. 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR () Delete
Name: HARVEY, RODERICK
Address: 3816 HOLLYWOOD BOULEVARD, SUITE 203
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: THOMAS, FLORAN
Address: 2202 NORTH WESTSHORE BLVD.,SUITE 200
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MMGR (X) Change () Addition
Name: COVINGTON, SABRINA
Address: 407 CENTER POINTE CIRCLE, #1603
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SABRINA COVINGTON

MM

05/03/2008

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