

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027343

FILED
Apr 13, 2009
Secretary of State

Entity Name: HARVEY, COVINGTON & THOMAS OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

407 CENTER POINTE CIR
SUITE 1603
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

407 CENTER POINTE CIR
SUITE 1603
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 13-4322921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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 MMGR 04/13/2009

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