2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90314 038 ***138.75

DOCUMENT # L06000029502

1. Entity Name
CARDINAL COVE ESTATES, LLC

Principal Place of Business	Mailing Address
10850 SW 113TH PLACE SUITE 101 MIAMI, FL 33176	10850 SW 113TH PLACE SUITE 101 MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8603 S. Dixie Hwy		8603 S. Dixie Hwy	
Suite, Apt. #, etc. 211		Suite, Apt. #, etc. 211	
City & State Miami Fl		City & State Miami Fl	
Zip 33143	Country U.S.A	Zip 33143	Country U.S.A

bUU4JJ07

04042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4532342 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, IVAN E
10850 SW 113 PL
SUITE 101
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: Ivan E. Contreras
Street Address (P.O. Box Number is Not Acceptable): 8603 S. Dixie Hwy Suite 211
City: Miami FL Zip Code 33143

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ivan Contreras (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) 04/04/08 DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAS, VICTOR H 10850 SW 113TH PLACE SUITE 101 MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONTRERAS, IVAN E 10850 SW 113TH PLACE SUITE 101 MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Ivan Contreras 04/04/08 (305) 669-1496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #