2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # L06000061988

1. Entity Name

CUTY-ST-ZIP

DEERFIELD COVE CENTER, LLC.

						GOD WI	1 190							
Principal Place of Business Mailing Address														
48 EAST ROYAL PALM ROAD BOCA RATON FL 33432				48 EAST ROYAL PALM ROAD BOCA RATON FL 33432										
2. Principal P	Place of Busin	ass - No P.O. Box #	3. Mailing Address					Ţ			90))) 90))] 	9) 4(6 4(6) 11 11	8 86 88	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					1	st MOORE	(CR2E083	3 (10/06)		
City & Stat	to		City & State					4. FEI Num 20-5	nber 5108614			├	pplied For ot Applicable	
Žip	Country			Zip Cou			5. Certificate of Status Desired					\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent								7. Name a	nd Address of	f New Re	gistered	Agent		
				· - -		Namo								
ROBINSON, MORRIS 48 EAST ROYAL PALM ROAD						Street Address (P.O. Box Number is Not Acceptable)								
BOCA RATON FL 33432														
						City					FL			
	named entity tions of regist	v submits this statement f ered agent.	or the pur	pose of changing its	registere	ed office or	r registered	d agent, or b	ooth, in the Sta	ite of Flor	ida. Lam	familiar with	, and accept	
SIGNATURE .	Signature, typed	or printed marrie of registered ages	n and title if a	opticable. (NOTE	. Registere	d Agent signati	ture required wit	hen reinslating)	<u> </u>		DATE			
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			""	•		ny 1, 2007	•	OI State						
9. MANAGING MEMBERS/MANAGERS 10,							-		٨٠٠٠	I SIAOLTI	CHANGES	<u> </u>		
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STREET ADDRESS	1					E1 AODRESS			ROYAL P		ROAL)		
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tita				☐ Delete	TITLE	-	MGRA					☐ Change	K Addition	
NAMi.					NAM	Ł	ROBI	NSON,	JOSHU	Α				
STREET ADDRESS					STRE	ET ADDRESS			ROYAL P		ROAD)		

CITY ST ZIP

11. I hereby certify that the information_supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under oath, that I am a managing member or manager of the limited liability company or the acceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Morris Robinson SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/07

BOCA RATON, FL 33432

561.368.1852

FILED

May 04, 2007 8:00 am Secretary of State

05-04-2007 90309 020 ****50.00