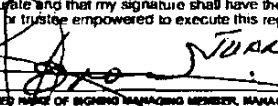


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

05-04-2007 90310 038 ****50.00

DOCUMENT # L06000087328					
1. Entity Name J.E. COVAS & ASSOCIATES, LLC					
Principal Place of Business 741 MAGNOLIA CREEK CIRCLE ORLANDO, FL 32828			Mailing Address P.O. BOX 780803 ORLANDO, FL 32878-0803		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2665478	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COVAS, JUAN EDGAR 741 MAGNOLIA CREEK CIRCLE ORLANDO, FL 32828			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRODAD, WANDA I 741 MAGNOLIA CREEK CIRCLE ORLANDO, FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVAS, MARIE F 741 MAGNOLIA CREEK CIRCLE ORLANDO, FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVAS, JUAN 741 MAGNOLIA CREEK CIRCLE ORLANDO, FL 32828	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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: 			Date: 4/27/07 Daytime Phone: 407-719-4164		

ATTACHMENT

30011457

J.E. Covas & Associates, LLC

P.O. Box 780803

Orlando, Florida 32878-0803

Florida Department of State

Division of Corporations

P.O. Box 6478

Tallahassee, Florida 32314

Date: June 26, 2007

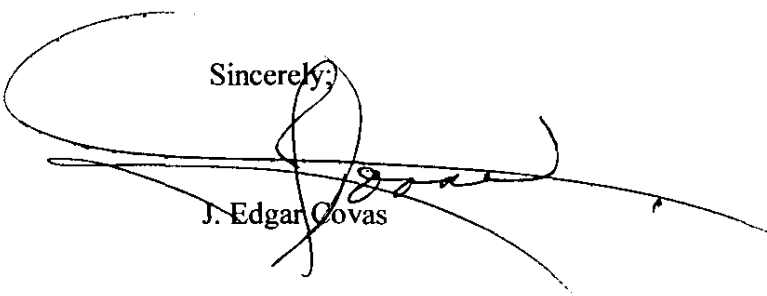
Re: L0600087328/ Letter

Madam or Gentleman:

The Internal Revenue Services has issue the following Federal Employment Identification Number: 56-2665478

Should you have further questions, please call at your best convenience. Thank you.

Sincerely;



J. Edgar Covas

Tel. 407-719-4164 Fax. 407-275-9856

E-Mail: jecovas@bellsouth.net