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	Mailing Address
741 MAGNOLIA CREEK CIRCLE ORLANDO, FL 32828	P.O. BOX 780803 ORLANDO, FL 32878-0803

30011457

04202007 Chg-LLC CR2E083 (12/06)

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	7. Name and Address of New Registered Agent
COVAS, JUAN EDGAR 741 MAGNOLIA CREEK CIRCLE ORLANDO, FL 32828	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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
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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: JUAN E. COVAS 4/27/07 407-719-4164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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