

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091875

Entity Name: COTTAGE ESTATES, LLC

FILED  
Apr 12, 2008  
Secretary of State

**Current Principal Place of Business:**

135 COSTELLO ROAD  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

135 COSTELLO ROAD  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

FEI Number: 65-1305909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUCK, MARY B  
135 COSTELLO ROAD  
WEST PALM BEACH, FL 33405 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: MGRM ( ) Delete  
Name: BUCK, MARY B  
Address: 135 COSTELLO ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: MGRM ( ) Delete  
Name: MOENERT, PATRICIA F  
Address: 6400 SUGAR CANE LANE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM ( ) Delete  
Name: GALUI, JUDITH  
Address: 8217 STEEPLECHASE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**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: MARY B. BUCK

MGRM

04/12/2008

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