2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114654

DOODY, TRICIA

329 NORTH PARK AVE., SUITE 300

WINTER PARK, FL 32789

Name:

Address:

City-St-Zip:

Entity Name: THE COVE ON CONWAY II MANAGERS, L.L.C.

FILED May 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 329 NORTH PARK AVE., SUITE 300 WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** 329 NORTH PARK AVE., SUITE 300 P.O. BOX 4961 WINTER PARK, FL 32789 ORLANDO, FL 328024961 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: B&C CORPORATE SERVICES OF CENT. FLA., INC. 390 NORTH ORANGE AVE., SUITE 1400 ORLANDO, FL 32801 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MISSIGMAN, PAUL M Name: Name: Address: 329 NORTH PARK AVE., SUITE 300 Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: BROCK, JAY P Name: Address: 329 NORTH PARK AVE., SUITE 300 Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL M. MISSIGMAN MGR 05/09/2007