

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116620

FILED
Apr 22, 2009
Secretary of State

Entity Name: NOBLE COVE PROPERTIES, LLC

Current Principal Place of Business:

5150 TAMIAMI TRAIL NORTH
402
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5150 TAMIAMI TRAIL NORTH
402
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 20-5997384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINKNECHT, ROBERT T JR.
5150 TAMIAMI TRAIL NORTH
402
NAPLES, FL 34103 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: GERRY, SANDRA
Address: 5150 TAMIAMI TRAIL NORTH #402
City-St-Zip: NAPLES, FL 34103 US

Title: P () Delete
Name: GERRY, ALAN
Address: 5150 NORTH TAMIAM TRAIL STE 402
City-St-Zip: NAPLES, FL 34103

Title: V () Delete
Name: GERRY, ADAM
Address: 5150 NORTH TAMIAM TRAIL STE 402
City-St-Zip: NAPLES, FL 34103

Title: VT () Delete
Name: SUENHOLZ, KEITH
Address: ONE CABLEVISION CENTER
City-St-Zip: LIBERTY, NY 12754

Title: S () Delete
Name: BOYD, LOUIS J
Address: ONE CABLEVISION CENTER
City-St-Zip: LIBERTY, NY 12754

Title: AS () Delete
Name: GRILLO, CHRISTOPHER
Address: ONE CABLEVISION CENTER
City-St-Zip: LIBERTY, NY 12754

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GERRY, ALAN
Address: 5150 TAMIAMI TRAIL NORTH #402
City-St-Zip: NAPLES, FL 34103

Title: V (X) Change () Addition
Name: GERRY, ADAM
Address: 5150 TAMIAMI TRAIL NORTH #402
City-St-Zip: NAPLES, FL 34103

Title: VT (X) Change () Addition
Name: SUEHNHOLZ, KEITH
Address: ONE CABLEVISION CENTER
City-St-Zip: LIBERTY, NY 12754

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: LOUIS J. BOYD

S

04/22/2009

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