

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116620

FILED
Apr 06, 2010
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
Name: GERRY, SANDRA
Address: 5150 TAMIAMI TRAIL NORTH #402
City-St-Zip: NAPLES, FL 34103 US

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

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

Title: VT
Name: SUEHNHOLZ, KEITH
Address: ONE CABLEVISION CENTER
City-St-Zip: LIBERTY, NY 12754

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

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

I hereby 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

04/06/2010

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