

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116620

FILED  
Apr 15, 2011  
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:

5150 TAMIAMI TRAIL NORTH  
400  
NAPLES, FL 34103 US

## Current Mailing Address:

5150 TAMIAMI TRAIL NORTH  
402  
NAPLES, FL 34103 US

## New Mailing Address:

5150 TAMIAMI TRAIL NORTH  
400  
NAPLES, FL 34103 US

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:

KLEINKNECHT, ROBERT T JR.  
5150 TAMIAMI TRAIL NORTH  
400  
NAPLES, FL 34103 US

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:

04/15/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: GERRY, SANDRA  
Address: 5150 TAMIAMI TRAIL NORTH #400  
City-St-Zip: NAPLES, FL 34103 US

Title: P  
Name: GERRY, ALAN  
Address: 5150 TAMIAMI TRAIL NORTH #400  
City-St-Zip: NAPLES, FL 34103

Title: V  
Name: GERRY, ADAM  
Address: 5150 TAMIAMI TRAIL NORTH #400  
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

04/15/2011

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