

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118972

FILED
Feb 25, 2008
Secretary of State

Entity Name: BOVE REALTY, LLC

Current Principal Place of Business:

2950 WEST MARION AVENUE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

4300 MARSH LANDING BLVD., SUITE 202
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-8038674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, ANDERSON & FELDMAN, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

HATHAWAY & REYNOLDS, P.A.
115 PROFESSIONAL DRIVE
PONTE VEDRA BEACH, FL 32082 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: HEATHER M. REYNOLDS

02/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOVE, GABRIEL M
Address: 4300 MARSH LANDING BLVD., SUITE 202
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP () Delete
Name: MENEELY, JACK II
Address: 2950 W. MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

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

Title: VP (X) Change () Addition
Name: FRAZIER, DWAYNE A
Address: 2950 W. MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

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: GABRIEL M BOVE

MGRM

02/25/2008

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