2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L07000000605

Entity Name: COVE OFFICES, L.L.C.

Current Principal Place of Business:

438 NORTH COVE BLVD.
PANAMA CITY, FL 32401

New Principal Place of Business:

736 JENKS AVE
PANAMA CITY, FL 32401

Current Mailing Address:

438 NORTH COVE BLVD.
PANAMA CITY, FL 32401

New Mailing Address:

PO BOX 1609
PANAMA CITY, FL 32402

FEI Number: 20-8148745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPE, H. CRANSTON
438 NORTH COVE BLVD.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

POPE, H. CRANSTON
736 JENKS AVE
PANAMA CITY, FL 32401 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: _____ 02/25/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: POPE, H. CRANSTON
Address: 124 SOUTH COVE BLVD.
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete
Name: POPE, SCOTT A
Address: 124 SOUTH COVE BLVD.
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POPE, H. CRANSTON
Address: 736 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM (X) Change ( ) Addition
Name: POPE, SCOTT A
Address: 736 JENKS AVE
City-St-Zip: PANAMA CITY, FL 32401

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: H CRANSTON POPE MGRM 02/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date