

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L07000013461**



1. Entity Name  
**ALCOVE HOMES L.L.C.**

Principal Place of Business <b>206 RIDGECREST LOOP MINNEOLA, FL 34715</b>	Mailing Address <b>206 RIDGECREST LOOP MINNEOLA, FL 34715</b>
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2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01112008    Chg-LLC      CR2E083 (12/06)

4. FEI Number <b>20-8396769</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired        **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AMJADALI, KAYY	
STREET ADDRESS	P.O. BOX 2129	
CITY-ST-ZIP	MINNEOLA, FL 34755	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALI, KHALIFF	
STREET ADDRESS	P.O. BOX 2129	
CITY-ST-ZIP	MINNEOLA, FL 34755	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALI, KASHIFF	
STREET ADDRESS	P.O. BOX 2129	
CITY-ST-ZIP	MINNEOLA, FL 34755	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALI, GLADYS	
STREET ADDRESS	P.O. BOX 2129	
CITY-ST-ZIP	MINNEOLA, FL 34755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000850247  
03/21/08-80056-014 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Kayy Amjadali*      **(Kayy AMJADALI)**      **FEB. 29, 2008**      **407-745-1557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #