

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013461

Entity Name: ALCOVE HOMES L.L.C.

FILED  
May 01, 2011  
Secretary of State

**Current Principal Place of Business:**

13900 COUNTY ROAD 455  
SUITE 107 #361  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2129  
MINNEOLA, FL 34755

**New Mailing Address:**

FEI Number: 20-8396769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: AMJADALI, KAYY  
Address: P.O. BOX 2129  
City-St-Zip: MINNEOLA, FL 34755

Title: MGRM  
Name: ALI, KHALIFF  
Address: P.O. BOX 2129  
City-St-Zip: MINNEOLA, FL 34755

Title: MGRM  
Name: ALI, KASHIFF  
Address: P.O. BOX 2129  
City-St-Zip: MINNEOLA, FL 34755

Title: MGRM  
Name: ALI, GLADYS  
Address: P.O. BOX 2129  
City-St-Zip: MINNEOLA, FL 34755

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: KAYY AMJADALI

MGRM

05/01/2011

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