

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125535

FILED
Jan 31, 2009
Secretary of State

Entity Name: COVE INN PROPERTIES, LLC

Current Principal Place of Business:

641 HICKORY ROAD
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110097
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 26-2456493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIESKY, JAMES H
1000 TAMiami TRAIL N.
SUITE 201
NAPLES, FL 34102 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 () Delete
Name: C.C. DEVELOPMENT COM, PANY OF NAPLES , L.C.
Address: 641 HICKORY ROAD
City-St-Zip: NAPLES, FL 34108 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: C.C. DEVELOPMENT COM, PANY OF NAPLES , L.C.
Address: PO BOX 110097
City-St-Zip: NAPLES, FL 34108 US

Title: MGRM () Change (X) Addition
Name: KENNETH E. KANGAS, T, RUSTEE
Address: 7956 TIGER LILY DRIVE
City-St-Zip: NAPLES, FL 34113 US

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: CLARK D. JENSEN

MGRM

01/31/2009

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