

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126508

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: SOUTHERN MALABAR COVE, L.L.C.

**Current Principal Place of Business:**

329 N PARK AVE  
STE 300  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

329 N PARK AVE  
STE 300  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N ORANGE AVE  
STE 1400  
ORLANDO, FL 32801 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: MGR ( ) Delete  
Name: CULP, W. SCOTT  
Address: 329 N PARK AVE - STE 300  
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete  
Name: MISSIGMAN, PAUL M  
Address: 329 N PARK AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete  
Name: DOODY, TRICIA  
Address: 329 N PARK AVE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

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

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

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

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: PAUL M. MISSIGMAN

MGR

01/27/2009

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