

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000031830

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** CINNAMON COVE APARTMENTS PHASE II LLC

**Current Principal Place of Business:**

1071 PORT MALABAR BLVD NE  
STE 202  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

1071 PORT MALABAR BLVD NE  
STE 202  
PALM BAY, FL 32905

**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:**

MAIORANI, JUDITH M  
1071 PORT MALABAR BLVD. NE  
SUITE 202  
PALM BAY, FL 32905 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: PRES  
Name: MAIORANI, MICHAEL  
Address: 1071 PORT MALABAR BLVD. NE #202  
City-St-Zip: PALM BAY, FL 32905 US

Title: VP  
Name: MAIORANI, JUDITH M  
Address: 4815 SWEET GUM PLACE  
City-St-Zip: MELBOURNE, FL 32904

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: JUDITH M. MAIORANI                      VP                      01/13/2011

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