2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000022378

Entity Name: COVENANT COMMUNITY PARTNERS "LLC"

FILED Mar 16, 2011 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

115 EAST 13TH ST. 115 13TH ST.

SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34769

Current Mailing Address: New Mailing Address:

115 EAST 13TH ST. 115 13TH ST.

SAINT CLOUD, FL 34769 SAINT CLOUD, FL 34769

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

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

TURTON, BYRON A TURTON, BYRON A

149 13TH ST. 115 13TH ST. SAINT CLOUD, FL 34769 US SAINT CLOUD, FL 34769

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: BYRON A. TURTON III 03/16/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

in the State of Florida.

Name: MCDUFFIE, JOHN Address: 115 13TH

City-St-Zip: SAINT CLOUD, FL 34769

Title: MGR

Name: GRIMES, KARLENE Address: 115 13TH ST.

City-St-Zip: SAINT CLOUD, FL 34769

Title: MGR

Name: TURTON, BYRON A Address: 115 13TH ST.

City-St-Zip: SAINT CLOUD, DL 34769

Title: MGR

Name: CURTIS, GRIMES
Address: 115 13TH ST.
City-St-Zin: SAINT CLOUD FL

City-St-Zip: SAINT CLOUD, FL 34769

Title: MGR

Name: TURTON, BYRON JR Address: 115 13TH ST.

City-St-Zip: SAINT CLOUD, FL 34769

Title: MGR

 Name:
 FULLWOOD, JAMES

 Address:
 115 13TH ST.

 City-St-Zip:
 SAINT CLOUD, FL 34769

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 Statues.

SIGNATURE: BYRON A. TURTON III MGR 03/16/2011

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