

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094346

FILED
May 26, 2010
Secretary of State

Entity Name: COQUINA COVE ASSISTED LIVING L.L.C.

Current Principal Place of Business:

3739 SUNRISE OAKS DRIVE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

3739 SUNRISE OAKS DRIVE
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 01-0931443 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLINE, PATRICIA
5773 PENDLEBURY COURT
PORT ORANGE, FL 32127 US

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: CLINE, PATRICIA
Address: 5773 PENDLEBURY COURT
City-St-Zip: PORT ORANGE, FL 32127

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: PATRICIA CLINE

MGRM

05/26/2010

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