

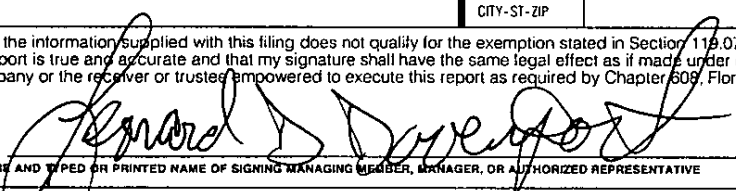


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90294 025 ****50.00

DOCUMENT # M01000000402 1. Entity Name INLET COVE CAPITAL, LLC					
Principal Place of Business 46 SUNLET BEND KIAWAH ISLAND, SC 29455			Mailing Address 46 SUNLET BEND KIAWAH ISLAND, SC 29455		
2. Principal Place of Business 810 TREASURY BEND DR Suite, Apt. #, etc.		3. Mailing Address 810 TREASURY BEND DR Suite, Apt. #, etc.			
City & State CHARLESTON, SC		City & State CHARLESTON, SC		01112005 Chg-LLC CR2E083 (10/03)	
Zip 29412		Country USA		4. FEI Number 57-1116377	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVENPORT, LEONARD D 46 SUNLET BEND KIAWAH ISLAND, SC 29455	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	810 TREASURY BEND DR CHARLESTON, SC 29412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURLEY, PATRICK J 46 SUNLET BEND KIAWAH ISLAND, SC 29455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEAGLE, ALEX W 46 SUNLET BEND KIAWAH ISLAND, SC 29455	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	810 TREASURY BEND DR CHARLESTON, SC 29412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROTHRO, SHRILEY 46 SUNLET BEND KIAWAH ISLAND, SC 29455	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 609, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					