

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007383

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** CUTLER COVE LLC

**Current Principal Place of Business:**

C/O PETER G. GRUBER, ESQ.  
18001 OLD CUTLER RD., STE 600  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PETER G. GRUBER, ESQ.  
18001 OLD CUTLER RD., STE 600  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 26-1552966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRUBER, PETER G ESQ.  
9100 SOUTH DADELAND BOULEVARD  
SUITE 910  
MIAMI, FL 33156 US

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

GRUBER, PETER G ESQ.  
18001 OLD CUTLER ROAD  
SUITE 600  
MIAMI, FL 33157 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

01/05/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: POLICASTRO, ARLETTE K  
Address: 18001 OLD CUTLER ROAD SUITE 600  
City-St-Zip: MIAMI, FL 33157

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: ARLETTE POLICASTRO

MGR

01/05/2011

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