


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90083 050 \*\*\*\*50.00

<b>DOCUMENT # L01000017117</b>	
1. Entity Name <b>CUBICORP, LLC</b>	

Principal Place of Business <b>110 E BROWARD BLVD SUITE 850 FT LAUDERDALE FL 33301</b>	Mailing Address <b>110 E BROWARD BLVD SUITE 850 FT LAUDERDALE FL 33301</b>
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2. Principal Place of Business <i>REST REMAINS THE SAME</i>	3. Mailing Address <i>REST REMAINS THE SAME</i>
Suite, Apt. #, etc. <b>SUITE 1700</b>	Suite, Apt. #, etc. <b>SUITE 1700</b>



1st MOORE CR2E083 (10/04)

City & State	City & State	4. FEI Number <b>65-1146403</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**VOYATZOGLOU, THEODOSIOS**  
**110 E BROWARD BLVD**  
~~**SUITE 850**~~  
**FT LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name *REST REMAINS THE SAME*

Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 1700**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>VOYATZOGLOU, THEODOSIOS</b> <b>110 E BROWARD BLVD SUITE 850</b> <b>FT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>VOYATZOGLOU, MARGUOT</b> <b>110 E. BROWARD BLVD, STE 850</b> <b>FORT LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>110 E BROWARD BLVD SUITE 1700</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>110 E BROWARD BLVD SUITE 1700</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR</b> <b>RIGOPOULOS, CHRISTOS P.</b> <b>110 E. BROWARD BLVD. SUITE 1700</b> <b>FORT LAUDERDALE FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR</b> <b>BALOK, JOHN</b> <b>110 E. BROWARD BLVD. SUITE 1700</b> <b>FORT LAUDERDALE FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR</b> <b>TOMADAKIS, ADONIS</b> <b>110 E. BROWARD BLVD. SUITE 1700</b> <b>FORT LAUDERDALE FL 33301</b>
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 608, Florida Statutes.

**SIGNATURE:**  **THEODOSIOS VOYATZOGLOU** **4/27/05** **954 525 2080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #