

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022747

Entity Name: CURVE MASTER L.L.C.

FILED
May 05, 2005
Secretary of State

Current Principal Place of Business:

2200 FIESTA
NEWPORT BEACH, CA 92660 US

New Principal Place of Business:

Current Mailing Address:

2549 B EASTBLUFF #123
NEWPORT BEACH, CA 92660

New Mailing Address:

FEI Number: 82-0564063 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:

MARTELLI, MARSHA
31 N. NAVY BOULEVARD
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

MARTELLI, MARSHA
5450 NORTH W ST.
PENSACOLA, FL 32505 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: MARSHA MARTELLI

05/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHANDLER, SANDRA F
Address: 2200 FIESTA
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: MGRM () Delete
Name: MARTELLI, MARSHA
Address: 31 N. NAVY BLVD.
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MARTELLI, MARSHA
Address: 5450 NORTH W ST.
City-St-Zip: PENSACOLA, FL 32505 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARSHA MARTELLI

MGRM

05/05/2005

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