

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


W 10/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 29 AM 8:08

DOCUMENT # L02000022747

1. Entity Name
CURVE MASTER L.L.C.



Principal Place of Business
2200 FIESTA
NEWPORT BEACH CA 92660
US

Mailing Address
2200 FIESTA
NEWPORT BEACH CA 92660
US



2. Principal Place of Business

3. Mailing Address
2549 B Eastbluff
#123

Suite, Apt. #, etc. #123

City & State
Newport Beach CA

Zip 92660 **Country** USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARTELLI, JOHN
31 N. NAVY BOULEVARD
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name: Marsha Martelli
Street Address (P.O. Box Number is Not Acceptable): 31 N. Navy Blvd
City: Pensacola FL Zip Code: 32507

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: *Sandra Chandler* Sandra Chandler President 9/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

\$0.00 FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	CHANDLER, SANDRA F	2200 FIESTA	NEWPORT BEACH CA 92660	<input type="checkbox"/>
	MARTELLI, JOHN D	2200 FIESTA	NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/>
VP	Martelli, Marsha	31 N. Navy Blvd.	Pensacola, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Sandra Chandler* Sandra Chandler 9/23/03
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone # 949-721-0805

CR2E083 (4/03)