

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000004649

1. Entity Name

CURB SYSTEMS OF SARASOTA, L.L.C.



Principal Place of Business

10964 K-NINE DRIVE  
BONITA SPRINGS, FL 34145

Mailing Address

10964 K-NINE DRIVE  
BONITA SPRINGS, FL 34145

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3630608

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BASS, RAYMOND L JR, ESQ  
2335 TAMiami TRAIL NORTH, SUITE 409  
NAPLES, FL 34103-4459

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
TSCHETTER, GARY  
1135 7TH STREET SOUTH  
NAPLES, FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ROMER, WILLIAM J  
27271 RICHVIEW COURT  
BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ROMER, JEFF  
212 DANBY ROAD  
LEHIGH ACRES, FL 33936

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

00000005859  
01/16/04-80015-011 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/04 239-947-3777