

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010351

1. Entity Name
CUVE, LLC



Principal Place of Business
479 TURTLE CIRCLE
SATELLITE BEACH, FL 32937

Mailing Address
479 TURTLE CIRCLE
SATELLITE BEACH, FL 32937



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3730459

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLIS, JAMES P
479 TURTLE CIRCLE
SATELLITE BEACH, FL 32937

**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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOLLIS, JAMES P
STREET ADDRESS 479 TURTLE CIRCLE
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE MGR
NAME HOLLIS, LINDA G
STREET ADDRESS 479 TURTLE CIRCLE
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000176201
01/10/05-80082-016 50.00

**DO NOT WRITE
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: James P. Hollis JAMES P. HOLLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-7-2005 321-779-9944
Date Daytime Phone #