2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000010351

1. Entity Name
CUVE, LLC

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

DO NOT WRITE IN THIS SPACE

04072006No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

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	
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11. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Executive Manager 4-7-2006 321-779-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #