2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007 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

02062007 No Chg-LLC CR2E083 (11/05)

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

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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, 2007

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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NAME	
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TITLE	
NAME	
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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, CUVE, LLC 2/6/07 321-779-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #