


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 07, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # L01000010351</b> 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
---	---



02292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**


4. FEI Number 59-3730459	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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  (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000851199  
03/25/08-80029-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLIS, JAMES P 479 TURTLE CIRCLE SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLIS, LINDA G 479 TURTLE CIRCLE 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	

**DO NOT WRITE  
IN THIS SPACE**

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:** Linda G. Hollis Linda G. Hollis - Assistant Manager 3-5-08 321-693-4413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #