


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90083 050 ****50.00

DOCUMENT # L01000017117	
1. Entity Name CUBICORP, LLC	

Principal Place of Business 110 E BROWARD BLVD SUITE 850 FT LAUDERDALE FL 33301	Mailing Address 110 E BROWARD BLVD SUITE 850 FT LAUDERDALE FL 33301
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2. Principal Place of Business <i>REST REMAINS THE SAME</i>	3. Mailing Address <i>REST REMAINS THE SAME</i>
Suite, Apt. #, etc. SUITE 1700	Suite, Apt. #, etc. SUITE 1700
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 65-1146403		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent VOYATZOGLOU, THEODOSIOS 110 E BROWARD BLVD SUITE 850 FT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name <i>REST REMAINS THE SAME</i> Street Address (P.O. Box Number is Not Acceptable) SUITE 1700 City FL Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOYATZOGLOU, THEODOSIOS 110 E BROWARD BLVD SUITE 850 FT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 E BROWARD BLVD SUITE 1700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOYATZOGLOU, MARGUOT 110 E. BROWARD BLVD, STE 850 FORT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 E BROWARD BLVD SUITE 1700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR RIGOPoulos, CHRISTOS P. 110 E. BROWARD BLVD. SUITE 1700 FORT LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR BALOK, JOHN 110 E. BROWARD BLVD. SUITE 1700 FORT LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR TOMADAKIS, ADONIS 110 E. BROWARD BLVD. SUITE 1700 FORT LAUDERDALE FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **THEODOSIOS VOYATZOGLOU** **4/27/05** **954 525 2080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #