

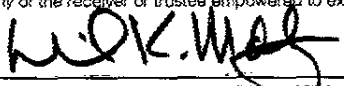


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001804						
1. Entity Name CURVE LAKE LANDHOLDINGS, LLC						
Principal Place of Business 2304 SAN JOSE CIRCLE TAMPA, FL 33629	Mailing Address 2304 SAN JOSE CIRCLE TAMPA, FL 33629	 01122004 No Chg-LLC CR2E083 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 80-0032480</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 80-0032480	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent MALTHY, DAVID K 2304 SAN JOSE CIRCLE TAMPA, FL 33629		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
Filing Fee is \$50.00 Due by May 1, 2004						
9. MANAGING MEMBERS/MANAGERS		<div style="margin-bottom: 20px;">000000006829 01/16/04-80051-022 55.00</div> DO NOT WRITE IN THIS SPACE				
TITLE	MGRM					
NAME	MALTHY, DAVID K					
STREET ADDRESS	2304 SAN JOSE CIRCLE					
CITY - ST - ZIP	TAMPA, FL 33629					
TITLE	MGRM					
NAME	RIPA, FRANK P					
STREET ADDRESS	10149 FISHER AVENUE					
CITY - ST - ZIP	TAMPA, FL 33619					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
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:  DAVID K. MALTHY 1/12/04 837.2977						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>				