## 2008 LIMITED-LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000010601**

1. Entity Name CUBBYCO, L.L.C.



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

14797 PEACE RIVER WAY PALM BEACH GARDENS, FL 33418 14797 PEACE RIVER WAY PALM BEACH GARDENS, FL 33418



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
04-3679975	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHONE, LARRY T 72 N.E. 5TH AVE. DELRAY BEACH, FL 33483 DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
	named entity submits this statement for the purpose of char tions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling) — DATE
FILE After May	: E NOW!!! FEE IS \$138.75 y,1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINHART, CONRAD 14797 PEACE RIVER WAY PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		000000810258 02/08/08-80054-029 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE	f	

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 trusted approximately to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X July X

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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*\$21-253-8*8990

Daytime Phone #