

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019149

Entity Name: CURLY GROUP, LLC

FILED  
Feb 04, 2007  
Secretary of State

**Current Principal Place of Business:**

9700 COLLINS AVENUE  
SUITE 131  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9700 COLLINS AVENUE  
SUITE 131  
BAL HARBOUR, FL 33154

**New Mailing Address:**

FEI Number: 55-0795214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOLZENBERG, KEITH H EQS  
1401 BRICKELL AVENUE  
SUITE 825  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

GURIAN, JORGE  
2100 PONCE DE LEON BOULEVARD  
SUITE 600  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JORGE GURIAN

02/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COMPANET, ADRIANA  
Address: 9700 COLLINS AVE. SUITE 131  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGRM ( ) Delete  
Name: DURANTE, JEAN M  
Address: 9700 COLLINS AVE. SUITE 131  
City-St-Zip: BAL HARBOUR, FL 33154

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADRIANA COMPANET

MGRM

02/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date