

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90030 007 ****50.00

DOCUMENT # L03000007495					
1. Entity Name CURBWORLD, LLC					
Principal Place of Business 285 W. CENTRAL PKWY., STE. 1710 ALTAMONTE SPRINGS, FL 32714			Mailing Address 285 W. CENTRAL PKWY., STE. 1710 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business 109 Central Park Place Suite, Apt. #, etc.		3. Mailing Address 109 Central Park Place Suite, Apt. #, etc.			
City & State Sanford, FL		City & State Sanford, FL			
Zip 32771		Country USA			
Zip 32771		Country USA			
6. Name and Address of Current Registered Agent COLOMBO, CARLOS M ESQ 315 E. ROBINSON STREET, STE. 600 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 reconstituting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR APARICIO, JUVENAL 1030 PACES CIRCLE, #10 APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Oliver James 4185 W. Lake Mary Blvd, #158 Lake Mary, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: Oliver James			4-10-06		321-257-0442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #