ALTERNATION IN

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000010326

1. Entity Name
CURTIS SUNDOME, LLC



Principal Place of Business

3333 WES KENNEDY BLVD., STE. 206 TAMPA, FL 33609

Mailing Address

3333 WES KENNEDY BLVD., STE. 206 TAMPA, FL 33609

FILED Feb 05, 2005 08:00 AM Secretary of State



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01042005 No Chg-LLC C

CR2E083 (10/03)

4. FEI Number 51-0455492

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, J. ERIC 101 E. KENNEDY BLVD., STE. 2700 TAMPA, FL 33602

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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.			
SIGNATI	IRE	·	
JIGHAN	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		

CURTIS, DANIEL B 3333 W KENNEDY BLVD STE 206 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

000000216502 02/05/05-80051-007 50.00

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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 DE LE

CITY-ST-ZIP

DANIEL B CHRTIS

2-1-05

813875-6324

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

Date

Daytime Phone #