## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000010406**

1. Entity Name

**CURBOW FAMILY, L.L.C.** 



FILED
Mar 14, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

7575 PELICAN BAY BLVD., #1004 NAPLES, FL 34108 7575 PELICAN BAY BLVD., #1004 NAPLES, FL 34108



DO NOT WRITE IN THIS SPACE

03112008No Chg-LLC CR2E083 (12/07)

4. FEI Number	Applied For	
06-1684674		Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, WILLIAM 900 SIXTH AVENUE SOUTH NAPLES, FL 34102

## DO NOT WRITE IN THIS SPACE

		IN II	IN THIS SPACE			
the obligati	named entity submits this statement for the purpose of char ons of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept			
SIGNATURE_	Signeture, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE			
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURBOW, ROY A 7575 PELICAN BAY BLVD., #1004 NAPLES, FL 34108					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURBOW, ROY A 7575 PELICAN BAY BLVD. #1004 NAPLES, FL 34108		000000858078 04/01/08-80031-005 138.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO 1	NOT WRITE			
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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 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

 SIGNATURE AND TYPED	R PRINTED N	ME OF SIGNI	ng managin	G MEMBER,	OR AUTHORIZED	REPRESENTAT	TVE
••	Roy	A .	CUF	Beu			

SIGNATURE:

3-12-08

239.591-3810

Daytime Phone 8