

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90084 035 \*\*\*150.00

**DOCUMENT # L03000048132**

1. Entity Name  
**KURY-NAMEN INVESTMENTS, LLC**



Principal Place of Business <del>6936 MADRID AVENUE</del> <b>JACKSONVILLE, FL 32250</b> 32257	Mailing Address <del>6936 MADRID AVENUE</del> <b>JACKSONVILLE, FL 32250</b> 32257
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*(9310 OLD KINGS ROAD)  
 SUITE 1201*

**20060814**



05032005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NAMEN, WILLIAM J III**  
**6936 MADRID AVENUE**  
**JACKSONVILLE, FL 32250**

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>NAMEN, WILLIAM J III</b> <i>9310 OLD KINGS RD SUITE 1201</i> <del>6936 MADRID AVE</del> <b>JACKSONVILLE, FL 32247</b> 32257
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**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]* *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20060811  
#L03000048132

Division of Corporations  
PO Box 6198  
Tallahassee, Fl. 32314

May 3, 2005

Dear Sir or Madam:

The offices of Dr. William J. Namen, II, D.P.M., P.A., moved during 2004. The Annual Report Notice was not received by the corporation and it was just noted that the annual fee had not been paid.

Enclosed is the Annual Report and a check for \$150.00. We respectfully request that the late fee be waived due to not receiving the Annual Report Notice.

Thank you.