2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # L03000052051 1. Entity Name CURTIS CONSTRUCTION, L.L.C. Principal Place of Business Mailing Address 3934 WAKE AVENUE 3934 WAKE AVENUE SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 20-0483210 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURTIS, ALBERT J Street Address (P.O. Box Number is Not Acceptable) 3934 WAKE AVENUE SARASOTA FL 34241 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM THEF Delete Change Addition CURTIS, ALBERT J NAME CIRELI ADDRESS 3934 WAKE AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 City-St ZE TITLE ☐ Delete DHE Change Addition U00000315195 04/19/05-80022-022 50.00 NAME NAME STREET ADDRESS STHEET ADDRESS CITY ST-ZIP CITY-ST-ZIP Delete TITLE HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE ☐ Delete HILE Addition Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEE ☐ Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST-ZIP 11. Thereby 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

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