## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000029779  1. Entity Name									_		
COUSINS UNITED, LLC						FILED 05 May 12: AM 9:01					
Principal Place of Business Mailing Address							U5 MA	H 125 A	M 3: 01		
1154 LINCO	LN COURT		•	1154 LINCOLN COURT			SECRE	TARY OF	STATE		
CAPE CORA	AL FL 33904	<b>4</b> ·	CAPE CORAL FL 3390	CAPE CORAL FL 33904							
2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE	CR2E083	3 (10/04)		
City & State			City & State			4. FEI Num	ber		H + + + + + + + + + + + + + + + + + + +	plied For t Applicable	
Zip	Country		Zip	Zip Countr		5. Certifica	te of Status Desired		\$5.00 Add Fee Required	itional	
	6. Name	and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent				
ARNOLD, DEBORAH					Name						
115	4 LINCOL	N COURT L FL 33904		Street Ad		P.O. Box Num	ber is Not Acceptabl	e)			
ı					City			FL	Zip Code	<u></u>	
8. The above	named entit	y submits this statement	er the purpose of changing its	register	ed office or register	ed agent, or b	ooth, in the State of Fl		amiliar with.	and accept	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$50.00											
Make Check Payable to Florida Department of State											
				e By Ma ■ 10.	ay 1, 2005						
9. TITLE	MANAGING MEMBERS/MANAGERS  MGR				F I	<del></del>	ADDITIONS	/CHANGES	Change	Addition	
NAME	ARNOLD,	DEBORAH	CT Derete	☐ Detete TITLE NAME					[_] Ollarige		
STREET ADDRESS CITY-ST-ZIP		OLN COURT RAL FL 33904		STREET ADDRESS CITY-ST-ZIP							
TITLE			☐ Delete	TITL	E				☐ Change	Addition	
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CITY-ST-ZIP					'-ST-ZIP						
TITLE			☐ Delete	E _	1	<b>000552</b> 5/0501003	) 1 1 C	Сћалде	Addition		
name <del>street-address</del> -				NAME SIREEI ADDRESS			:5/0501003	014	⇒. **200.0	10 l	
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TITLE NAME			☐ Defete	TITLI	- 1				Change	Addition	
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TITLE NAME			☐ Delete	TITLI	1				Change	Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CITY	'-ST-ZIP						
TITLE NAME			☐ Delete	TITL	i				☐ Change	Addition	
STREET ADDRESS					EET ADDRESS						
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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.											
Deligiae Waledad 4-28-05											
SIGNATURE:											
	SIGNATURE /	NAME TARED ON PHINTED NAME	OF SIGNING MANAGING MEMBER, MA	NAGER, OF	I AUTHURIZED REPRESE	NIAUVE	Date	Da	aytıme Phone #	2114	