LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

04-26-2005 90023 021 ****50.00
08-29-2005 90039 029 ****50.00
L04000044975

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 31 AM 11:02

DOCUMENT # L04000044975

1. Entity Name
CURTISS MCKINNEY LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
550 1st AVENUE S	550 1st AVENUE S
Suite, Apt #, etc.	Suite, Apt #, etc. 802
City & State: St Petersburg FL	City & State: St. Petersburg FL
Zip: 33701 Country: Pinellas	Zip: 33701 Country: PINELLAS

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-1332925 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 — DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	MCKINNEY, CURTISS	NAME	
STREET ADDRESS	550 1st AVENUE S apt 802	STREET ADDRESS	
CITY-ST-ZIP	ST. PeTersburg, FL 33701	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E083B (12/02)

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: Curtiss McKinney — 8 26 05 — 727-385-8985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #