
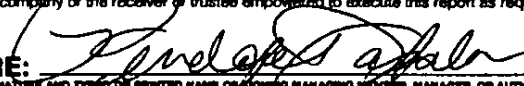


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 16, 2005 8:00 am
Secretary of State

05-02-2005 90374 007 ****50.00

DOCUMENT # L04000052065					
1. Entity Name COUSINS, LLC					
Principal Place of Business 4205 INTRACOASTAL DR. HIGHLAND BEACH, FL 33487			Mailing Address 4205 INTRACOASTAL DR. HIGHLAND BEACH, FL 33487		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1386645	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STERGIADES, BARBARA 4205 INTRACOASTAL DR. HIGHLAND BEACH, FL 33487				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STERGIADES, BARBARA	NAME			
STREET ADDRESS	4205 INTRACOASTAL DR.	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DASKALOS, SUSAN	NAME			
STREET ADDRESS	620 S. MISSISSIPPI	STREET ADDRESS			
CITY-ST-ZIP	MASON CITY, IO 50401	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DASKALOS, PENELOPE	NAME			
STREET ADDRESS	4205 INTRACOASTAL DR.	STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.					
SIGNATURE: 				Date: 4/29/05 Daytime Phone #: 561-523-6918	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					