

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052065

FILED
Apr 21, 2006
Secretary of State

Entity Name: COUSINS, LLC

Current Principal Place of Business:

4205 INTRACOASTAL DR.
HIGHLAND BEACH, FL 33487

New Principal Place of Business:

1222 S MISSOURI
CLEARWATER, FL 33756

Current Mailing Address:

4205 INTRACOASTAL DR.
HIGHLAND BEACH, FL 33487

New Mailing Address:

1222 S. MISSOURI
CLEARWATER, FL 33756

FEI Number: 20-1386645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERGIADES, BARBARA
4205 INTRACOASTAL DR.
HIGHLAND BEACH, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STERGIADES, BARBARA
Address: 4205 INTRACOASTAL DR.
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGRM () Delete
Name: DASKALOS, SUSAN
Address: 620 S. MISSISSIPPI
City-St-Zip: MASON CITY, IO 50401

Title: MGRM () Delete
Name: DASKALOS, PENELOPE
Address: 4205 INTRACOASTAL DR.
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA STERGIADES

MGRM

04/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date