2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAY -5 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000062451

1. Entity Name
CUS LAUDERDALE, LLC

Principal Place of Business	Mailing Address
220 SW 2ND STREET FT. LAUDERDALE, FL 33301	701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131

01082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2640 US Route 9W	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cornwall, NY	City & State
Zip: 12518 Country: USA	Zip Country

4. FEI Number: 20-1648065 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOVELL, LILIANA 220 SW 2ND STREET FT. LAUDERDALE, FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Lovell, Liliana 2640 US Route 9W Cornwall, NY 12518	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ADDIE, ROBERT 220 SW 2ND STREET FT. LAUDERDALE, FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Addie, Robert 2640 US Route 9W Cornwall, NY 12518	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300054303323 05/12/05--01005--003 **50.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Jeff Woodman 5/1/05 845 534 2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #