## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## May 02, 2006 8:00 am Secretary of State **DOCUMENT # L04000065237** 05-02-2006 90037 021 \*\*\*\*50.00 D. CÚRTIS GROUP, LLC Principal Place of Business Mailing Address **67 TRANQUILITY LANE 67 TRANQUILITY LANE** DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-1569114 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURTIS, DAN Street Address (P.O. Box Number is Not Acceptable) 67 TRANQUILITY LANE-DESTIN FL 32541 117 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. 1 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change Addition CURTIS, DAN NAME NAME STREET ADDRESS **67 TRANQUILITY LANE** STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIF CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change ☐ Addition **CURTIS, GAY** NAME NAME **67 TRANQUILITY LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-7P TITLE ☐ Delete ☐ Change ☐ Addition NAME MANAF STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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