## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Feb 06, 2006 08:00 AM Secretary of State DOCUMENT # L04000074853 KURIOS COMPANY, LLC Principal Place of Business Mailing Address 1500 SUZANNE WAY P.O. BOX 160952 LONGWOOD, FL 32779 US ALTAMONTE SPRINGS, FL 32716-0952 01272008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2152296 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ELLIS, ROBERT A 1500 SUZANNE WAY LONGWOOD, FL 32779 IN THIS SPACE 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. HICTE: Registered Agent standing regulated when reinstations DATE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM 717t E NAME ELLIS, ROBERT A STREET ADDRESS 1500 SUZANNE WAY CITY-ST-ZIP LONGWOOD, FL 32779 TITLE U00000423240 02/17/06 80049-003 50.00 NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-\$7-7)P 11. I hereby certify that the information supplied with this filing does not our indicated on this report is true and accurate and that missignature standard flability company or the receiver or trustee employeed to except. if for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am a managing member or manager of the this report as required by Chapter 608, Florida Statutes.

FILED