


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000074853</b> 1. Entity Name <b>KURIOS COMPANY, LLC</b>	
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Principal Place of Business <b>1500 SUZANNE WAY LONGWOOD, FL 32779 US</b>	Mailing Address <b>P.O. BOX 160952 ALTAMONTE SPRINGS, FL 32716-0952</b>
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01092007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2152296</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLIS, ROBERT A  
1500 SUZANNE WAY  
LONGWOOD, FL 32779**

**DO NOT WRITE  
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 \_\_\_\_\_  
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, 2007**

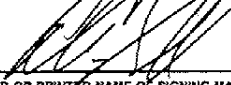
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ELLIS, ROBERT A 1500 SUZANNE WAY LONGWOOD, FL 32779</b>
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01/12/07-80026-015 50.00

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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **1/8/07 407-869-7770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE /Date Daytime Phone #