## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** Jul 14, 2005 8:00 am Secretary of State

DOCUMENT # LU4000077562  1. Entity Name ABC CURTIS GROUP, LLC						<b>)</b>	07-14-2005	90016 04	9 *****51	J.00
Principal Place of Business 1313 GRAY STREET TAMPA, FL 33606			Mailing Address 1313 GRAY STREET TAMPA, FL 33606		20063352					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07012005	Chg-LLC	CR2E08	3 (10/03)			
City & State			City & State		4. FEI Numbe 20 -	180140	4		optied For ot Applicable	
		Country	Zip	Country			of Status Desired		55.00 Add ee Require	
	6. Name	and Address of Current I	Registered Agent		Nama	7. Name and	Address of New R	egistered A	gent	
COHEN, G 1313 GRA TAMPA, F	Y STREET	-			Street Address	(P.O. Box Numbe	r is Not Acceptable	9)		
					City			FL	Zip Cod	
8. The above the obligat	named entity ions of registe	submits this statement for ered agent.	the purpose of changing its	register	ed office or regist	ered agent, or both	n, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed o	x printed name of registered agent a	nd title if applicable (NO)	E Registere	d Agent signature require	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 7, 2005										
								e check pa i Departme		9
			RS/MANAGERS	10.			Florida	Departme		9
Due t		MANAGING MEMBER  SARY Y STREET	RS/MANAGERS Delete	TITLE NAMI STRE				<b>Departme</b> CHANGES		e Addilion
9. ITTLE NAME STREET ADDRESS	MGRM COHEN, G	MANAGING MEMBER  SARY Y STREET L 33606  INDREW Y STREET		TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -SI-ZIP		Florida	Departme CHANGES	nt of State	
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM COHEN, G 1313 GRA' TAMPA, FI MGRM COHEN, A 1313 GRA'	MANAGING MEMBER  SARY Y STREET L 33606  INDREW Y STREET	☐ Defete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS ST-ZIP E E E ST-ZIP		Florida	Departme CHANGES	nt of State	Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM COHEN, G 1313 GRA' TAMPA, FI MGRM COHEN, A 1313 GRA'	MANAGING MEMBER  SARY Y STREET L 33606  INDREW Y STREET	☐ Delete	TITLE NAMM STRE CITY  ITTLE NAMM STRE CITY  TITLE NAMM STRE CITY  TITLE NAMM STRE	E EET ADDRESS -SI-ZIP E E E ET ADDRESS -SI-ZIP E E E E-SI-ZIP E E E ET ADDRESS -SI-ZIP		Florida	Departme CHANGES	Change	Addition
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11. I hereby certify that the information supplied with this filling 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 receive for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

7.9.05

813-220-0808

Dayime Phone #