2006 LIMITED LIABILITY COMPANY

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

SIGNATURE:

Apr 05, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000044594** 04-05-2006 90017 050 ****50.00 1. Entity Name **CURIOUS G., LLC** Principal Place of Business Mailing Address 20024951 20020 VETERANS BLVD., UNIT 11 20020 VETERANS BLVD., UNIT 11 PORT CHARLOTTE, FL 33954 PORT CHARLOTTE, FL 33954 2. Principal Place of Business 3. Mailing Address 32510 Washiwaton 32510 Washin Suite, Apt. #, etc. 03262006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 20-2 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired \Box 93982 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u> 5Am E</u> SMARRELLI, LINDA A 20020 VETERANS BLVD., UNIT 11 Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE, FL 33954 ASHINGTON 8. The above named entity submits this statement for purpose of changing its registered office or registered agent, or h, in the State of Florida. I am familiar with, and accept the obligations of regis MQR JMARRELI SIGNATURE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Some Addition **MGRM** Change ☐ Delete TITLE TITLE FEHR, JERRY W NAME NAME WAS HINGTON LOOP POU 20020 VETERANS BLVD., UNIT 11 STREET ADORESS STREET ADDRESS PORT CHARLOTTE, FL 33954 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Delete TITLE hange ☐ Addition SMARRELLI, LINDA A NAME NAME washington LoopRel STREET ADDRESS 20020 VETERANS BLVD., UNIT 11 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33954 CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the same legal effect as if made under oath; that I am a managing member or manager of the report as required by Chapter 608, Florida Statutes.

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