


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90013 047 ****55.00

DOCUMENT # L05000046328		
1. Entity Name CURRY, PL		

Principal Place of Business 12150 CAPTAINS LANDING NORTH PALM BEACH, FL 33408-2504 US	Mailing Address 12150 CAPTAINS LANDING NORTH PALM BEACH, FL 33408-2504 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 16-1747593	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CURRY, JAMES P ESQ. 12150 CAPTAINS LANDING NORTH PALM BEACH, FL 33408-2504		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURRY, JAMES P ESQ. 12150 CAPTAINS LANDING NORTH PALM BEACH, FL 334082504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>James P. Curry</i>	Date: <i>April 6, 2006</i>	Daytime Phone #
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(712) 842-1366

ATTACHMENT
CURRY, PL

20027754
#L05000046328

12150 CAPTAINS LANDING
NORTH PALM BEACH, FLORIDA 33418

JAMES PRESCOTT CURRY, ESQUIRE
MANAGING MEMBER
FLORIDA BAR LICENSE # 10346

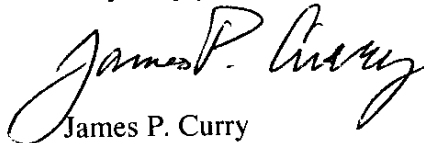
April 6, 2006

Florida Secretary of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find the Limited Liability Company annual report along with a check for \$55.00 covering the filing fee, and the fee for a certificate of status for CURRY, PL.

Very truly yours,


James P. Curry

CURRY, PL