

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

DOCUMENT# L05000071734

Entity Name: CURE & PENABAD STUDIO, LLC

**Current Principal Place of Business:**

1209 SAN MIGUEL AVENUE  
CORAL GABLES,, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1209 SAN MIGUEL AVENUE  
CORAL GABLES,, FL 33134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PENABAD, CORALEE G  
200 SOUTH BISCAYNE BLVD  
SUITE 3000  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGRM                      ( ) Delete  
Name:                      PENABAD-CURE, CARIE A  
Address:                      1209 SAN MIGUEL AVENUE  
City-St-Zip:                      CORAL GABLES, FL 33134

Title:                      MGRM                      ( ) Delete  
Name:                      CURE, ADIB  
Address:                      1209 SAN MIGUEL AVENUE  
City-St-Zip:                      CORAL GABLES,, FL 33134

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARIE PENABAD-CURE

MGRM

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date