


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000097533</b> 1. Entity Name CURB-RITE, LLC	
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Principal Place of Business 3501 SOMERSET CIRCLE KISSIMMEE, FL 34746 US	Mailing Address P.O. BOX 420447 KISSIMMEE, FL 34742 US
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02242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 90-0265543	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SHUMAN, MELISSA D 3501 SOMERSET CIRCLE KISSIMMEE, FL 34742
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**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	MGRM SHUMAN, JAMES W II 3501 SOMERSET CIRCLE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUTTLINGER, NORBERT E 3501 SOMERSET CIRCLE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHUMAN, MELISSA D 3501 SOMERSET CIRCLE KISSIMMEE, FL 34746
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04/19/07-80002-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

3/31/07

Date

407-908-2620

Daytime Phone #