File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** ANNUAL REPORT Secretary of State 1999 FILED DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 99 FEB 24 相 9:55 Name and Mailing Address
of Limited Liability Company **DOCUMENT #** 198000000380 1a. Principal Place of Business Address/ THE CURRY HOUSE, LLC 806 FLEMING STREET 806 FLEMING STREET KEY WEST FL 33040 KEY WEST FL 33040 2 Principal Place of Business 3. Date Organized or Qualified 2a. Mailing Address 3a. State of Formation 03/24/1998 FLSuite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For 65-0837681 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country \$6.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office EURY, ROBERT 806 FLEMING STREET Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by aflirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE _ DATE__ (Biografized Agost Accoping Apply Interior (MCIE) Registered Agest signature importantes remaining). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR EURY, ROBERT 806 FLEMING STREET KEY WEST FL 7/nnon2800187----03/09/99--01095--013 ****188.75 ****188.7\$ dec 14 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

NAME OF DISTURBANIANALIA MEMBER OR MANAGER

District Phone #

SIGNATURE:

INHSE10 R (12-98)