

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000006450

1. Entity Name
ELIAS CURA, L.L.C.



Principal Place of Business
6006 N. 22ND STREET
TAMPA, FL 33610

Mailing Address
6006 N. 22ND STREET
TAMPA, FL 33610



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0999305

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

CURA, ELIAS
6006 N. 22ND STREET
TAMPA, FL 33610

**DO NOT WRITE
IN THIS SPACE**

6. 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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURA, ELIAS 6006 N. 22ND STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURA, ELIAS JOSE 6006 N. 22ND STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURA, DANICET M 2836 S. DUNDEE STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURA, MARCOS 5002 W. DICKENS AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURA, DAVID 5004 W. DICKENS AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000178003
01/12/05-80010-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-6-05

Date

813-2321401

Daytime Phone #