


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000219
 1. Entity Name
CURTIS SECURITIES, LLC



Principal Place of Business 1 SOUTH CHURCH STREET SUITE 400 HAZLETON, PA 18201	Mailing Address 1 SOUTH CHURCH STREET SUITE 400 HAZLETON, PA 18201
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 23-3024513	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$50.00 Due by May 1, 2004

U00000111858
04/13/04-80037-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CIARUFFOLI, ROBERT J 46 PUBLIC SQUARE, SUITE 400 WILKES BARRE, PA 18701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RADICS, ROBERT J 46 PUBLIC SQUARE, SUITE 400 WILKES BARRE, PA 18701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/27/04** **570-820-0100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #