

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000000219**  
 1. Entity Name  
**CURTIS SECURITIES, LLC**



Principal Place of Business      Mailing Address  
**1 SOUTH CHURCH STREET**      **1 SOUTH CHURCH STREET**  
**SUITE 400**      **SUITE 400**  
**HAZLETON, PA 18201**      **HAZLETON, PA 18201**

**DO NOT WRITE IN THIS SPACE**



02122005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**23-3024513**      Not Applicable

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**

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

**Filing Fee is \$50.00 Due by May 1, 2005**

1100000263970  
 03/15/05-80007-021 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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: Robert J. Radics      Date: 3/8/05      Daytime Phone #: 570-820-0100

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