## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003077

1. Entity Name CURLY ROAD ASSOCIATES, LLC



Principal Place of Business

Mailing Address

2940 SPORTS CORE CIRCLE WESLEY CHAPEL, FL 33543 2940 SPORTS CORE CIRCLE WESLEY CHAPEL, FL 33543

## **FILED** Mar 26, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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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.  |  |  |      |  |
|   | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |  |
| <u>.</u>  | lling Fee is \$50.00<br>ue by May 1, 2007                                    |  |      |  |
| 9.  | MANAGING MEMBERS/MANAGERS  |  | •    |  |
| TITLE   | MGR  | 1.18.  |      |  |
| NAME  | HENRY CROWN AND COMPANY  |  | ,    |  |
| STREET ADDRESS  | 222 N. LASALLE STREET  |  |      |  |

CHICAGO, IL 60601 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

H00000678331 04/02/07-80028-024 50.00

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11. I hereby certify that the information supplied with this filling 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 prescute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

2-9-07