

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021222

FILED
Mar 20, 2010
Secretary of State

Entity Name: CURCI #4, LLC

Current Principal Place of Business:

701 BRICKELL AVENUE
STE 1400
MIAMI, FL 33131

New Principal Place of Business:

201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131

Current Mailing Address:

701 BRICKELL AVENUE
STE 1400
MIAMI, FL 33131

New Mailing Address:

201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131

FEI Number: 20-8591283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW CENTER OF THE AMERICAS, LLC
201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MEYER, GUNTHER
Address: 3025 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR
Name: KRAUSE, HANS-JOACHIM
Address: 3025 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR
Name: JANZON, KENT
Address: 3025 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: P/AS
Name: MEYER, GUNTHER
Address: 3025 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: T
Name: KRAUSE, HANS-JOACHIM
Address: 3025 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP/S
Name: JANZON, KENT
Address: 3025 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GUNTHER MEYER

P

03/20/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date