

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017401

**FILED**  
**Mar 02, 2005**  
**Secretary of State**

**Entity Name:** HURRICANE INVESTMENTS, LLC

**Current Principal Place of Business:**

PO BOX 730071  
ORMOND BEACH, FL 321730071

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 730071  
ORMOND BEACH, FL 321730071

**New Mailing Address:**

**FEI Number:** 01-0562325      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, DAMION  
PO BOX 730071  
ORMOND BEACH, FL 321730071 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: JACKSON, DAMION  
Address: P.O. BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071

Title: MGR ( ) Delete  
Name: ATANASASKI, JOHN  
Address: P.O. BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JACKSON, DAMION  
Address: P.O. BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071

Title: MGRM (X) Change ( ) Addition  
Name: ATANASASKI, JOHN  
Address: P.O. BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN ATANASOSKI

MGRM

03/02/2005

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