

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017401

**FILED**  
**Jan 08, 2007**  
**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:**

1800 US 1 NORTH  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

P.O. BOX 730071  
ORMOND BEACH, FL 321730071

**New Mailing Address:**

FEI Number: 90-0241299

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:**

ATANASOSKI, JOHN  
1800 US 1 NORTH  
ORMOND BEACH, FL 32174 US

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: JOHN ATANASOSKI

01/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/08/2007

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