# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 03, 2006**
**Secretary of State**

DOCUMENT# L03000003366

**Entity Name:** STORM DEPOT U.S.A. LLC

**Current Principal Place of Business:**

740 N.W. BUCK HENDRY WAY
STUART, FL 34994

**New Principal Place of Business:**

562 NW INTERPARK PLACE
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

309 SE OSCEOLA STREET, SUITE 104
STUART, FL 34994

**New Mailing Address:**

562 NW INTERPARK PLACE
PORT ST. LUCIE, FL 34986

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

HYERS, ELLIS
740 N.W. BUCK HENDRY WAY
STUART, FL 34994 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: | MGRM | ( ) Delete |
| Name: | HYERS, ELLIS | |
| Address: | 740 NW BUCK HENDRY WAY | |
| City-St-Zip: | STUART, FL 34994 | |
| Title: | T | ( ) Delete |
| Name: | HYERS, ELLIS | |
| Address: | 740 NW BUCK HENDRY WAY | |
| City-St-Zip: | STUART, FL 34994 | |
| Title: | MGRM | ( ) Delete |
| Name: | PETERSON, AMY | |
| Address: | 740 NW BUCK HENDRY WAY | |
| City-St-Zip: | STUART, FL 34994 | |
| Title: | S | ( ) Delete |
| Name: | PETERSON, AMY | |
| Address: | 740 NW BUCK HENDRY WAY | |
| City-St-Zip: | STUART, FL 34994 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: ELLIS HYERS P 05/03/2006

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