2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# L03000003558

Entity Name: STORM DEPOT HURRICANE SHUTTER LLC

Current Principal Place of Business:

740 NW BUCK HENDRY WAY
STUART, FL 34994

New Principal Place of Business:

562 NW INTERPARK PLACE
PORT ST. LUCIE, FL 34994

Current Mailing Address:

309 SE OSCEOLA STREET
SUITE 104
STUART, FL 34994

New Mailing Address:

562 NW INTERPARK PLACE
PORT ST. LUCIE, FL 34994

FEI Number: 71-0928147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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 NW 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