

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033763

FILED
Jan 05, 2004
Secretary of State

Entity Name: HURRICANE MOUNTAIN SOUND LLC

Current Principal Place of Business:

416 NE CAMELOT DRIVE
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

416 NE CAMELOT DRIVE
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-0165509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAWSON, STEWART M
416 NE CAMELOT DRIVE
PORT SAINT LUCIE, FL 34983 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: MGRM () Delete
Name: CLAWSON, STEWART M
Address: 416 NE CAMELOT DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGRM () Delete
Name: CLAWSON, JODI R
Address: 416 NE CAMELOT DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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 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: STEWART M. CLAWSON

MGMR

01/05/2004

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