

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90189 030 \*\*\*\*50.00

<b>DOCUMENT # L03000034179</b> 1. Entity Name <b>HURRICANE PROPERTIES, L.L.C.</b>																																																																																																					
Principal Place of Business <b>413 SW SILVER PALM COVE PORT ST. LUCIE, FL 34986</b>			Mailing Address <b>413 SW SILVER PALM COVE PORT ST. LUCIE, FL 34986</b>																																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																			
City & State		City & State																																																																																																			
Zip	Country	Zip	Country																																																																																																		
6. Name and Address of Current Registered Agent  <b>CARDOZA, ROBERT P 413 SW SILVER PALM COVE PORT ST. LUCIE, FL 34986</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																																																																																	
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																																																																																					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME</td> <td style="width: 65%; padding: 2px;">MGR CARDOZA, ROBERT P</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE NAME</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">413 SW SILVER PALM COVE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">PORT ST. LUCIE, FL 34986</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;">MGR WIGHT, VIRGINIA</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">8067 BELLAGIO LANE</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">BOYNTON BEACH, FL 33437</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE NAME</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME	MGR CARDOZA, ROBERT P	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS	413 SW SILVER PALM COVE		STREET ADDRESS			CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP			TITLE NAME	MGR WIGHT, VIRGINIA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS	8067 BELLAGIO LANE		STREET ADDRESS			CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.																																																																																																					
<b>SIGNATURE: <u>Robert Cardoza</u> ROBERT CARDOZA, MANAGER</b>																																																																																																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																					
Date <u>4/15/04</u> Daytime Phone # _____																																																																																																					

**34006408**



03312004 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1107038** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required