

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000034179

1. Entity Name
HURRICANE PROPERTIES, L.L.C.



Principal Place of Business
413 SW SILVER PALM COVE
PORT ST. LUCIE, FL 34986

Mailing Address
413 SW SILVER PALM COVE
PORT ST. LUCIE, FL 34986



02282005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
20-1107038

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDOZA, ROBERT P
413 SW SILVER PALM COVE
PORT ST. LUCIE, FL 34986

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARDOZA, ROBERT P
STREET ADDRESS	413 SW SILVER PALM COVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986
TITLE	MGR
NAME	WIGHT, VIRGINIA
STREET ADDRESS	8067 BELLARIO LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000270872
03/21/05-80025-020 50.00

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IN THIS SPACE**

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.

SIGNATURE: Robert Cardoza ROBERT CARDOZA, MGR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #