

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2006 8:00 am
Secretary of State

04-24-2006 90066 029 ****50.00

DOCUMENT # L03000034179 1. Entity Name HURRICANE PROPERTIES, L.L.C.	
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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
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04112006No Chg-LLC

CRZE083 (11/05)

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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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 is required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006.**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARDOZA, ROBERT P 413 SW SILVER PALM COVE PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIGHT, VIRGINIA 8067 BELLAGIO LANE BOYNTON BEACH, FL 33437
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____