

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044227

FILED  
Apr 02, 2004  
Secretary of State

Entity Name: HURRICANE REALTY, LLC

## Current Principal Place of Business:

201 S BISCAYNE BLVD, STE 1700  
MIAMI, FL 33131

## New Principal Place of Business:

5590 NW 163 STREET  
MIAMI, FL 33014

## Current Mailing Address:

201 S BISCAYNE BLVD, STE 1700  
MIAMI, FL 33131

## New Mailing Address:

5590 NW 163 STREET  
MIAMI, FL 33014

FEI Number: 20-0442748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIAMI CENTER REGISTERED AGENTS, LLC  
201 S BISCAYNE BLVD, STE 1700  
MIAMI, FL 33131

## Name and Address of New Registered Agent:

JORGE CANAMERO MGR  
5590 NW 163 STREET  
MIAMI, FL 33014

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: JORGE CANAMERO

04/02/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: CANAMERO, JORGE  
Address: 5590 NW 163RD ST  
City-St-Zip: MIAMI, FL 33014

Title: MGR ( ) Delete  
Name: NOVICK, MICHAEL  
Address: 5590 NW 163RD ST  
City-St-Zip: MIAMI, FL 33014

## 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: MICHAEL NOVICK

MGR

04/02/2004

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