FILED
Mar 01, 2006 08:00 A
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056630

1. Entity Name
HURRICANE TEST LABORATORY, LLC

Principal Place of Business	Mailing Address
6655 GARDEN RD RIVIERA BEACH, FL 33404	6655 GARDEN RD RIVIERA BEACH, FL 33404

DO NOT WRITE IN THIS SPACE

02032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0432787

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAHAM, VINU J
6655 GARDEN ROAD
RIVERA BEACH, FL 33404

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

100000451965
03/11/06-80006-020 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	ABRAHAM, VINU
STREET ADDRESS	147 CYPRESS COVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	SMITH, MILTON
STREET ADDRESS	70006 68TH ST.
CITY-ST-ZIP	LUBBOCK, TX 79424
TITLE	D
NAME	NORVILLE, SCOTT H
STREET ADDRESS	3123 19TH STREET
CITY-ST-ZIP	LUBBOCK, TX 79410
TITLE	D
NAME	MINOR, JOSEPH
STREET ADDRESS	712 WATER WOOD STREET
CITY-ST-ZIP	ROCKPORT, TX 78382
TITLE	D
NAME	BEERS, PAUL
STREET ADDRESS	141 RIVINIA DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Vinu Abraham 2/25/06 881-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #