


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000029006 1. Entity Name HURRICANE HOLDINGS, 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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DO NOT WRITE IN THIS SPACE



03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1129623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007**

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 CARDOZA, LORI E 413 SW SILVER PALM COVE PORT ST LUCIE, FL 34986
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04/18/07-80048-010 50.00

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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 P CARDOZA** MANAGING MEMBER 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #