## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # L0400070386  1. Entity Name FORCEFIELD HURRICANE PROTECTION SYSTEMS, LLC								04-24-2006	-		
Principal Plac	e of Busines	ss	Mailing Address			:					
99 NESBIT STREET			% IACK O. HACKETT II, ESQ				, ,				
PUNTA GORDA, FL 33950			99 NESBIT STREET			•					
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2 Principal F	Ilono of Dunie		2 Mailing Address								
2. Principal Place of Business			3. Mailing Address			1 <b>(04</b> 00000 B)	OZIKI ULBIL BOŞKI QAKIL BOʻL		<b>a</b> 1110) 18418 91		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.								
, ,							03272006	Chg-LLC	CR2E08	3 (11/05)	
City & State			City & State				4. FEI Numbe			Ap	plied For
		<del> </del>				20-168	<u> 5912                                     </u>			t Applicable	
Zip	Zip Country		Zip Country			5. Certificate	of Status Desired		5.00 Add ee Require		
	6. Name	and Address of Current I	Registered Agent		ī		7. Name and	Address of New Ro			
					Name			<u> </u>	- <b>B</b>	<u>,</u>	
HACKETT		II ESQ									
FARR LAV		-			Street A	Address (	P.O. Box Numbe	er is Not Acceptable	r)		
PUNTA GO											
_		•			City					Zip Code	<u></u>
					<u> </u>		_		FL	<u></u>	
	named entit tions of regis		the purpose of changing its	register	ed office o	r register	ed agent, or bot	h, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE											
	Signature, typed	or printed name of registered agent a	Ind the if applicable. (NOTE	:: Hēgistere	d Agent signa	turë rëquirëd	when reinstating)		DATE	<del></del>	
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State				
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