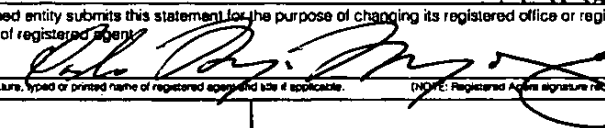
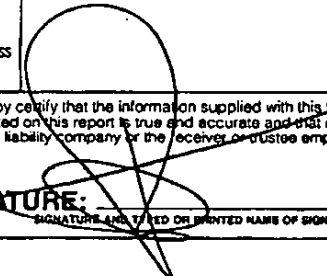


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-09-2005 90159 002 ****50.00

DOCUMENT # L04000079714			
1. Entity Name ALL-STORM BUSTERS LLC			
Principal Place of Business 4746 SATINWOOD TRAIL COCONUT CREEK, FL 33063		Mailing Address 4746 SATINWOOD TRAIL COCONUT CREEK, FL 33063	
2. Principal Place of Business 5851 Holmberg Rd Suite, Apt. #, etc. 3415		3. Mailing Address 5851 Holmberg Rd Suite, Apt. #, etc. 3415	
City & State Parkland FL		City & State Parkland FL	
Zip 33067		Country Broward	
6. Name and Address of Current Registered Agent TRUE, ANETTE J 4746 SATINWOOD TRAIL COCONUT CREEK, FL 33063		7. Name and Address of New Registered Agent Name MAYORGA, CARLOS R Street Address (P.O. Box Number is Not Acceptable) 2860 E SABLE CIRCLE City MARGATE FL Zip Code 33063	
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 3/17/05 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAYORGA, CARLOS R 2860 E. SABLE CIR. MARGATE, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAULEN, ROBERT 4746 SATINWOOD TRAIL COCONUT CREEK, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALL, KURT 11379 LITTLE BEAR DR. BOCA RATON FL 33428 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date 2/5/05 (954) 678-4138	