

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084848

FILED  
Mar 02, 2005  
Secretary of State

**Entity Name:** HURRICANE DEVELOPMENT GROUP, LLC.

**Current Principal Place of Business:**

1800 US 1 NORTH  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 730071  
ORMOND BEACH, FL 321730071 US

**New Mailing Address:**

**FEI Number:** 20-1974815

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATANASOSKI, JOHN  
1800 US 1 NORTH  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ATANASOSKI, JOHN  
Address: PO BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071 US

Title: MGR ( ) Delete  
Name: ATANASOSKI, JOSIF  
Address: PO BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ATANASOSKI, JOHN  
Address: PO BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071 US

Title: MGRM (X) Change ( ) Addition  
Name: ATANASOSKI, JOSIF  
Address: PO BOX 730071  
City-St-Zip: ORMOND BEACH, FL 321730071 US

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: JOHN ATANASOSKI

MGRM

03/02/2005

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