2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# L05000034689

Entity Name: FLORIDA HURRICANE PANELS LLC

Current Principal Place of Business:

5055 INDUSTRY DR
MELBOURNE, FL 32940 US

New Principal Place of Business:

3280 SUNTREE BLVD.
SUITE 108
MELBOURNE, FL 32940 US

Current Mailing Address:

2415 KINGSMILL AVE
MELBOURNE, FL 32934 US

New Mailing Address:

FEI Number: 81-0668579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, JAMES Y II
2415 KINGSMILL AVE
MELBORNE, FL 32934 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/MANAGERS:

Title: MGRM ( ) Delete
Name: HARRIS, JAMES Y II
Address: 2415 KINGSMILL AVE
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM ( ) Delete
Name: WILTSE, JASON K
Address: 2415 KINGSMILL AVE
City-St-Zip: MELBOURNE, FL 32934 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: RODRIGUES, BRIAN E
Address: 689 S HEDGECOCK SQUARE
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES Y HARRIS LL MGRM 04/13/2006

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