


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90126 001 *****50.00
04-28-2006 90126 002 *****5.00

DOCUMENT # L05000057230	
1. Entity Name HURRICANE STRAP SYSTEM, LLC	

Principal Place of Business 11803 METRO PARKWAY FORT MYERS, FL 33912 US	Mailing Address C/O ROBERT D. ROYSTON, JR., P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906 US
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2. Principal Place of Business 1713 Northgate Blvd	3. Mailing Address 1713 Northgate Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota FL	City & State Sarasota, FL
Zip 34234	Country SARASOTA

03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3752473	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS, FL 33907	
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7. Name and Address of New Registered Agent Name RICHARD FREUND Street Address (P.O. Box Number is Not Acceptable) 14103 Ashburn Place City TAMPA FL Zip Code 33624-2603	
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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 <u><i>Richard Freund</i></u> DATE <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOSE, JOHN F 11803 METRO PARKWAY FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUTAT, HIDAYET L 11803 METRO PARKWAY 1713 Northgate Blvd FORT MYERS, FL 33912 Sarasota FL 34234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hidayet L. Kutat 1713 Northgate Blvd Sarasota, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Shirley H. Webb</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>4/17/06</u> Daytime Phone # <u>(941) 355 8841</u>