


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90048 050 ****55.00

DOCUMENT # L05000069984

1. Entity Name
 FLORIDA DISASTER RECOVERY LLC



Principal Place of Business
 3846 W. GARDENIA AVENUE
 WESTON, FL 33332

Mailing Address
 3846 W. GARDENIA AVENUE
 WESTON, FL 33332



2. Principal Place of Business
 1792 Bell Tower Lane

3. Mailing Address
 1792 Bell Tower Lane

Suite, Apt. #, etc.

City & State
 WESTON, Florida

City & State
 WESTON, Florida

Zip
 33326

Country
 Broward

Zip
 33326

Country
 Broward

07272006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

BERGMAN, RICHARD H ESQ
 BERGMAN & JACOBS, P.A.
 515 EAST LAS OLAS BOULEVARD, 4TH FL
 FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| Filing Fee is \$50.00 Due by September 6, 2006 | Make check payable to Florida Department of State |
|---|--|

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|---------------------|------------------------|-----------------------|---------------------------------|--|
| MGRM | Ronald Babice | 1311 ST. TROPEZ # 1609 | WESTON, FL. 33326 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MGRM | STEWART FUZZELL III | 1423 Boca chica Rd. | Geiger Key, FL. 33040 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| MGRM | HUNTER FUZZELL | 7190 WYNWCLIFF DR. | MOBILE, AL. 36695 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: Ronald Babice Ronald Babice 7-27-06 (954) 349-4611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #