## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

## Jan 06, 2006 8:00 am Secretary of State **DOCUMENT # L05000070705** 01-06-2006 90011 003 \*\*\*\*50.00 HURRICANE PROTECTION SPECIALISTS, LLC Principal Place of Business Mailing Address 2975 SLED ROAD 2975 SLED ROAD 60000215 CHRISTMAS, FL 32709 CHRISTMAS, FL 32709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20 - 3166487 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LINCOLN, LEON Street Address (P.O. Box Number is Not Acceptable) 2975 SLED ROAD CHRISTMAS, FL 32709 City 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 Signature, typed or printed name of registered agent and ate if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE ☐ Change Addition LINCOLN, LEON NAME NAME STREET ADDRESS 2975 SLED ROAD STREET ADDRESS CITY-ST-ZIP CHRISTMAS, FL 32709 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-71P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 1/3/06 407-568-3868 LEON

FILED