

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072564

FILED  
Mar 19, 2006  
Secretary of State

Entity Name: HURRICANE SECURE SYSTEMS "LLC"

**Current Principal Place of Business:**

1864 BARKER DRIVE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1864 BARKER DRIVE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

SHANK, J. WAYNE  
1864 BARKER DRIVE  
WINTER PARK, FL 32789 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: SHANK, J. WAYNE  
Address: 1864 BARKER DRIVE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM ( ) Delete  
Name: SHANK, STEVEN W  
Address: 3009B WHISPER LAKES LANE  
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGRM ( ) Delete  
Name: KELLER, KEVIN D  
Address: 236 RONTUNDA DRIVE  
City-St-Zip: KISSIMMEE, FL 32792 US

Title: MGRM ( ) Delete  
Name: SHANK, STEPHANIE L  
Address: 603 WARRENTON ROAD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: MGRM ( ) Delete  
Name: SHANK, MARION L  
Address: 1864 BARKER DRIVE  
City-St-Zip: WINTER PARK, FL 32789 US

**ADDITIONS/CHANGES:**

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

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

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

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

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

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: J. WAYNE SHANK

MGR.

03/19/2006

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