


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90347 022 \*\*\*\*50.00

<b>DOCUMENT # L05000074158</b>	
1. Entity Name <b>CAN HURRI, L.L.C.</b>	

Principal Place of Business <b>152 E NEWHAVEN RD PMB #152 MELBOURNE, FL 32901</b>	Mailing Address <b>152 E NEWHAVEN RD PMB #152 MELBOURNE, FL 32901</b>
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2. Principal Place of Business - No P.O. Box # <b>102 E NEW HAVEN RD PMB 152</b>	3. Mailing Address <b>102 E NEWHAVEN RD PMB # 152</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MELBOURNE, FL 32901</b>	City & State <b>MELBOURNE, FL</b>
Zip <b>32901</b>	Country <b>USA</b>



04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3189696</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>FLYNN, CLAYTON E 311 CORAL REEF DR SATELLITE BEACH, FL 32937</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>CLAYTON E FLYNN</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4238 CHASTAIN DR</b>
City <b>MELBOURNE</b> FL Zip Code <b>32940</b>

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 <b>04-05-07</b>

**Filing Fee is \$50.00  
Due by May 1, 2007**

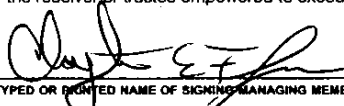
**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLYNN, CLAYTON E 311 CORAL REEF DR SATELLITE BEACH, FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEVENS, WILLIAM E III 2090 CANOPY DR MELBOURNE, FL 32905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON E FLYNN 4238 CHASTAIN DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM E. STEVENS III 2090 CANOPY DR MELBOURNE, FL 32950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04-05-07**

Date

**(321) 704 9748**

Daytime Phone #