


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90046 048 \*\*\*\*50.00

<b>DOCUMENT # L05000093977</b> 1. Entity Name HURRICANE STUDIOS, LLC					
Principal Place of Business 9951 ATLANTIC BLVD. 309 JACKSONVILLE, FL 32225			Mailing Address 9951 ATLANTIC BLVD. 309 JACKSONVILLE, FL 32225		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-4307688	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BEAVER, TONYA M 9951 ATLANTIC BLVD. 309 JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLOYD, MARK A 3815 AUTUM LEAF COURT JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLOYD, mark 38 Ponte Vedra Ct Ponte Vedra Bch, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAVER, TONYA M 3B PONTE VEDRA CT PONTE VEDRA BEACH, FL 32082	<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	MGR REAVES, CRAIG W 13668 VICTORIA LAKES DR. JACKSONVILLE, FL 32226	<input checked="" 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	MGR COURSON, DAVID C 85378 BLACKMON RD. YULEE, FL 32097	<input checked="" 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	<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	<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: <i>Tonya Beaver</i>				04-07-06 904-382-6354	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	