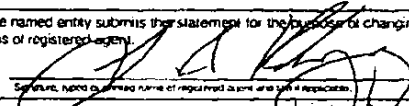
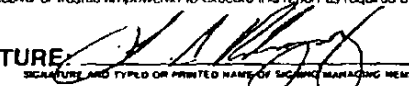


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

7/31

FILED
Sep 06, 2006 8:00 am
Secretary of State

07-31-2006 90145 014 ****50.00

DOCUMENT # L05000117066					
1. Entity Name MODERN HURRICANE SHUTTERS, LLC					
Principal Place of Business 1372 BENNETT DRIVE SUITE 124 LONGWOOD FL 32750			Mailing Address 1372 BENNETT DRIVE SUITE 124 LONGWOOD FL 32750		
2. Principal Place of Business 1372 BENNETT DR STE 124 LONGWOOD FL 32750 USA			3. Mailing Address 1372 BENNETT DR STE 124 LONGWOOD FL 32750 USA		
4. FEI Number 20-4033604			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent RODRIGUEZ, LUIS 1372 BENNETT DRIVE SUITE 124 LONGWOOD FL 32750			7. Name and Address of New Registered Agent LUIS RODRIGUEZ 1372 BENNETT DR STE 124 LONGWOOD FL 32750		
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 8/7/06		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, LUIS 1372 BENNETT DRIVE, SUITE 124 LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUEZ, ROLANDO 1372 BENNETT DRIVE, SUITE 124 LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUMNER, TROY 1372 BENNETT DRIVE, SUITE 124 LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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 who prepared to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE 			DATE 7/24/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

00010100

2nd MOORE CR2E083 (4/06)