2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 10, 2006 8:00 am Secretary of State

1. Entity Name EHURRICANESHUTTERS.COM LLC)	07-10-2006 9	0102 03	3/ ****50	J.00	
Principal Place of Business 1212 NORTH 39TH STREET TAMPA, FL 33605 US		Mailing Address 1212 NORTH 39TH STREET TAMPA, FL 33605 US								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07062006	Chg-LLC	CR2E	083 (11/05)		
City & State		City & State			4. FEI Numb	oer 3912897		<u></u>	oplied For	
Zip	Zip Country		Zip Country		try		e of Status Desired		\$5.00 Add	ditional
6. Name and Address of Current Registered Agent						7. Name and	d Address of New Re	egistered	Agent	
_	-				Name					
ADAMS, JONI M 1212 NORTH 39TH STREET TAMPA, FL 33605			Street Address		(P.O. Box Numb	per is Not Acceptable)			
TAMPA, FL 33005										
			*****		City			FL	Zip Cod	
	named entity submits ions of registered age		the purpose of changing its	registere	ed office or regist	ered agent, or bo	oth, in the State of Flo	rida. Iam	familiar with,	and accept
SIGNATURE	Signature, typed or printed re	ame of registered agent &	nd title if applicable. (NOT	E: Registere	d Agent signature requir	ed when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 6, 2006						Make check payable to Florida Department of State				
Fil Due I	ling Fee is \$50.0 by September 6,	00 , 2006								e
Fil Due I	by September 6,	00 , 2006 WAGING MEMBER	RS/MANAGERS	10.				Departn	nent of Stat	8
Due I	by September 6,	, 2006	RS/MANAGERS	10. IIILI NAM			Florida	Departn	nent of Stat	Addition
9.	MA MGRM	, 2006 WAGING MEMBER COURT		TITLI NAM STRE			Florida	Departn	nent of Stat	
9. THE NAME STREET ADDRESS CITY-SI-ZIP THE	MGRM BUCK, JOHN 8617 SW 80TH C MIAMI, FL 33143	, 2006 NAGING MEMBER OURT		TITLI NAM STRE CITY	EET ADDRESS -ST-ZIP		Florida	Departn	nent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM BUCK, JOHN 8617 SW 80TH C MIAMI, FL 33143 D ADAMS, WILLIAN 1212 NORTH 391	, 2006 NAGING MEMBER OURT MD TH STREET	☐ Delete	TITLI NAM STRE CITY TITLI NAM STRE	E EET ADDRESSST-ZIP E E EET ADDRESS		Florida	Departn	nent of Stat	Addition
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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: NAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE