

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000021895

Entity Name: HURRICANE CAPITAL LLC

**FILED**  
**Jul 11, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

110 SE 6TH STREET, 15TH FLOOR  
ATTN: GARRY W. JOHNSON  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

1650 MAUNA KEA COURT  
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

110 SE 6TH STREET, 15TH FLOOR  
ATTN: GARRY W. JOHNSON  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

1650 MAUNA KEA COURT  
GULF BREEZE, FL 32563 US

FEI Number: 20-4399378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, GARRY W  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

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

MATTHEWS, BAIN  
1650 MAUNA KEA COURT  
GULF BREEZE, FL 32563 US

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: BAIN MATTHEWS

07/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, GARRY W  
Address: 110 SE 6TH ST, 15TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MATHEWS, BAIN  
Address: 1650 MAUNA KEA COURT  
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify 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: BAIN MATTHEWS

MGRM

07/11/2007

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