

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030608

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** FORCEFIELD HURRICANE PROTECTION SYSTEMS INTERNATIONAL, LLC

**Current Principal Place of Business:**

1931 TAMIAMI TRAIL, SUITE 5  
PORT CHARLOTTE, FL 33948 US

**New Principal Place of Business:**

**Current Mailing Address:**

1931 TAMIAMI TRAIL, SUITE 5  
PORT CHARLOTTE, FL 33948 US

**New Mailing Address:**

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

FEI Number: 20-5863740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOWERS, HARRIS  
Address: 1931 TAMIAMI TRAIL SUITE 5  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: ALBRITTEN, KEVIN  
Address: 1931 TAMIAMI TRAIL, SUITE 5  
City-St-Zip: PORT CHARLOTTE, FL 33948

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: HARRIS BOWERS

MGR

04/25/2008

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