

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046413

FILED
Aug 30, 2007
Secretary of State

Entity Name: CLEAR IMPACT HURRICANE PROTECTION LLC

Current Principal Place of Business:

79 HOLLY CIRCLE
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

79 HOLLY CIRCLE
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 42-1704927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARAH, CHRISTOPHER J
79 HOLLY CIRCLE
TEQUESTA, FL 33469 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: GARAH, CHRISTOPHER J
Address: 79 HOLLY CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM () Delete
Name: GARAH, NELLY Y
Address: 79 HOLLY CIRCLE
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES:

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

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

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: CHRISTOPHER J. GARAH

MGR

08/30/2007

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