

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048149

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** ATLANTIC HURRICANE PROTECTION, LLC

**Current Principal Place of Business:**

1541 SUNSET DRIVE, SUITE 301  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

1541 SUNSET DRIVE, SUITE 301  
CORAL GABLES, FL 33143

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

MARX, JAMES ESQ.  
848 BRICKELL AVE., SUITE 750  
MIAMI, FL 33131 US

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

BERMAN, H T  
1541 SUNSET DR.  
SUITE 301  
CORAL GABLES, FL 33143 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: H. TOD BERMAN

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BERMAN, H. TOD  
Address: 1541 SUNSET DRIVE, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33143

**ADDITIONS/CHANGES:**

Title: MMPD (X) Change ( ) Addition  
Name: BERMAN, H. TOD  
Address: 1541 SUNSET DRIVE, SUITE 301  
City-St-Zip: CORAL GABLES, FL 33143

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: H.TOD BERMAN

MMPD

04/27/2007

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