
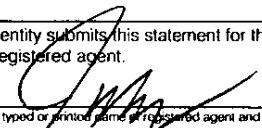
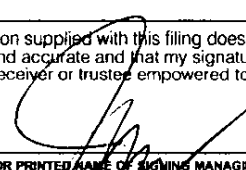


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000059131 1. Entity Name HURRICANE SHUTTER SOLUTIONS LLC						FILED 07 APR 30 AM 8:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2915 E. PARK AVENUE SUITE 4 TALLAHASSEE, FL 32303				Mailing Address 2915 E. PARK AVENUE SUITE 4 TALLAHASSEE, FL 32303 BK			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 06-1781199				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				04302007 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent MAYER, JERRY 2329 BARCELONA COURT TALLAHASSEE, FL 32311				7. Name and Address of New Registered Agent Name MAYER, JERRY Street Address (P.O. Box Number is Not Acceptable) 1510-2 CAPITOL CIRCLE SE City TALLAHASSEE FL Zip Code 32301			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  JERRY MAYER <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>				DATE 4/30/07			
Filing Fee is \$50.00 Due by May 1, 2007				BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYER, JERRY <input checked="" type="checkbox"/> Delete 2329 BARCELONA COURT TALLAHASSEE, FL 32311			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pocke, Andrew John 181 Fallwood Ln Crawfordville, FL 32327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800102195278 05/11/07--01007--023 **\$5.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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:  JERRY MAYER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/30/07		Daytime Phone # 850 591-4744	