2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 31, 2008 8:00 am Secretary of State

DOCUMENT # L06000069098 1. Entity Name ALL BROWARD HURRICANE PANELS, LLC							01-31-2008 90069 035 ***138.75					
Principal Plac 450 WEST M FORT LAUDE	CNAB		Mailing Address 3473 SATELLITE BLVD., STE. 211 DULUTH, GA 30096			60005290						
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc			01112008	Chg-LLC	CR2E083 (1	2/06)			
City & Stat	е		City & State				4. FEI Numb 20-558			├	plied For t Applicable	
Zip		Country Zip Cou				5. Certificate of Status Desired Status Desired Fee Required						
6. Name and Address of Current Registered Agent							7. Name and	d Address of New R	egistered Agent	<u>;</u>		
CURLEY, CHARLES R JR. 1301 RIVERPLACE BLVD., STE. 1500 JACKSONVILLE. FL. 32207					Name Street Address (P.O. Box Number is Not Acceptable)							
JACKSON									•			
						City FL Zip Code						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature sequired when reinstating) DATE												
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									e check payab Department o		3	
9. MANAGING MEMBERS/MANAGERS							•	ADDITIONS/	CHANGES			
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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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												

1 - 2 4 - 08' GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE James E. Kety

770-813-0080 Date Daytene Phone #