2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# L06000076699

Entity Name: FLORIDA WEATHER COMPANY, LLC

Current Principal Place of Business:

P.O. BOX 411837
MELBOURNE, FL 32941

New Principal Place of Business:

3180 CONSERVATION PLACE #203
MELBOURNE, FL 32934

Current Mailing Address:

P.O. BOX 411837
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 20-5328936 **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGRM ( ) Delete
Name: TUMBIOLO, JOEL
Address: 4059 CHASTAIN DRIVE
City-St-Zip: MELBOURNE, FL 32941

Title: MGRM (X) Delete
Name: TUMBIOLO, ROBBI
Address: 4059 CHASTAIN DRIVE
City-St-Zip: MELBOURNE, FL 32941

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TUMBIOLO, JOEL
Address: 3180 CONSERVATION PLACE #203
City-St-Zip: MELBOURNE, FL 32934

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: JOEL TUMBIOLO OWNR 08/28/2007

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