2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L06000090802

Entity Name: HURRICANE SAFE, LLC

Current Principal Place of Business:

263 NORTH LAKE DRIVE
NAPLES, FL 34102

New Principal Place of Business:

555 BOW LINE DR
NAPLES, FL 341034730 US

Current Mailing Address:

P. O. BOX 11155
NAPLES, FL 34101

New Mailing Address:

555 BOW LINE DR
NAPLES, FL 341034730 US

FEI Number: 20-5609549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

WAHBEY, ALBERT K
555 BOW LINE DR
NAPLES, FL 34103 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: ALBERT K WAHBEY 04/28/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RYAN, GEORGE JR.
Address: 263 NORTH LAKE DRIVE
City-St-Zip: NAPLES, FL 34102

Title: MGRM ( ) Delete
Name: WAHBEY, ALBERT K
Address: 555 BOWLINE DRIVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RYAN, GEORGE JR.
Address: 2101 TARPON RD
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM (X) Change ( ) Addition
Name: WAHBEY, ALBERT K
Address: 555 BOWLINE DRIVE
City-St-Zip: NAPLES, FL 341034730 US

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: ALBERT K WAHBEY MGRM 04/28/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date