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Secretary of State

05-08-2007 90112 019 ****50.00

5/8

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000101040

1. Entity Name
A & B HURRICANE PROTECTION, LLC

Principal Place of Business	Mailing Address
923 SE 16TH TERRACE CAPE CORAL, FL 33990	923 SE 16TH TERRACE CAPE CORAL, FL 33990

03062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		715 NE 19th PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE # 33	
City & State		City & State CAPE CORAL, FL	
Zip	Country	Zip 33909	Country USA

4. FEI Number 42-1714688 — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELUSKI, PATRICIA R
923 SE 16TH TERRACE
CAPE CORAL, FL 33990

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGELUSKI, PATRICIA R 923 SE 16TH TERRACE CAPE CORAL, FL 33990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCKHEISTER, JOHN 923 SE 16TH TERRACE CAPE CORAL, FL 33990	☑ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Patricia R. Angeluski 4/25/07 (239)242-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #