

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036366

**Entity Name:** HURRICANE PASS II, LLC

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8907 CONROY WINDERMERE ROAD  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

1805 MAGUIRE ROAD  
STE 101  
WINDERMERE, FL 34786 US

**Current Mailing Address:**

POST OFFICE BOX 2850  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 26-4693082      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OGDEN, ROBERT T  
1008 JULIETTE STREET  
MT. DORA, FL 32757 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  
**Name:** OGDEN, ROBERT T  
**Address:** POST OFFICE BOX 2850  
**City-St-Zip:** WINDERMERE, FL 34786 US

I hereby 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: ROBERT T OGDEN

PRES

04/06/2010

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