
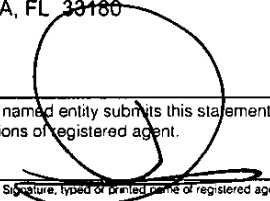
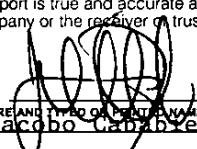


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR 13 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000081663					
1. Entity Name CABI GP SEABREEZE, LLC					
Principal Place of Business 19950 W. COUNTRY CLUB DRIVE, SUITE 900 AVENTURA, FL 33180			Mailing Address 19950 W. COUNTRY CLUB DRIVE, SUITE 900 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02062006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SARIOL, MARIO 19950 W. COUNTRY CLUB DRIVE, SUITE 900 AVENTURA, FL 33180			Name CT CORPORATION SYSTEM		
			Street Address (P.O. Box Number is Not Acceptable)		
			1200 S. Pine Island Road		
			City Plantation		FL
			Zip Code 33324		
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 			PETER F. SOUZA ASSISTANT SECRETARY		DATE 4/12/06
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input type="checkbox"/> Delete	NAME Jacob Cababie Daniel		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 19950 W Country Club Drive, #900	CITY-ST-ZIP Aventura, FL 33180		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE MGR <input type="checkbox"/> Delete	NAME Abraham Cababie Daniel		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 19950 W. Country Club Dr. #900	CITY-ST-ZIP Aventura, FL 33180		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE MGR <input type="checkbox"/> Delete	NAME Elias Cababie Daniel		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 19950 W. Country Club Dr. #900	CITY-ST-ZIP Aventura, FL 33180		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete	NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date 4/17/06		Daytime Phone #
SIGNATURE AND TITLE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Jacob Cababie Daniel, Manager					