## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

URE: AMANAGE A COLONICO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L02000010887

1. Entity Name

BREEZE BREAKER ENTERPRISES, LLC



FILED Feb 05, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13180 N. CLEVELAND AVE., STE. 112 NORTH FORT MYERS, FL 33903 13180 N. CLEVELAND AVE., STE. 112 NORTH FORT MYERS, FL 33903



01272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3661095 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAVENSCROFT, SAMANTHA A 13180 N. CLEVELAND AVE., STE. 112 NORTH FORT MYERS, FL 33903

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol>   |  |   |  |
|--|--|---|--|
| Signature  |  | (NOTE Registered Agent signature required when reinstating) | DATE                                     |
| Filing Fee is \$50.00<br>Due by May 1, 2005  |  |   | 000000216803<br>02/05/05-80064-003 55.00 |
| 9.   | MANAĞING MEMBERS/MANAGERS  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CEOP<br>RAVENSCROFT, SAMANTHA A<br>13180 N. CLEVELAND AVE., STE. 112<br>NORTH FORT MYERS, FL 33903 |   |  |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP  |  |   | <del>-</del> ·                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | DO  | NOT WRITE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | IN .  | THIS SPACE                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   | •••••                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |  |
| 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Purther 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. |  |   |  |