2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 17, 2009
Secretary of State

DOCUMENT# L00000004075

Entity Name: SEABREEZE ADVENTURES, L.L.C.

Current Principal Place of Business:

604 E 8TH AVE.
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2153
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-3637287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MENDELSON, ROBERT
851 E. PARK AVENUE
TALLAHASSEE, FL 32301 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 ( ) Delete
Name: JOHNSON, WILLIAM M
Address: PO BOX 2153
City-St-Zip: TALLAHASSEE, FL 32316

Title: MGRM ( ) Delete
Name: JOHNSON, JOE E
Address: PO BOX 2153
City-St-Zip: TALLAHASSEE, FL 32316

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM MICHAEL JOHNSON MGRM 09/17/2009

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