


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000006741</b> 1. Entity Name <b>SOUND BREEZE I, LLC</b>	
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Principal Place of Business  
CARRIAGE HOUSE APTS.  
7155 N. 9TH AVE., #103A  
PENSACOLA, FL 32504

Mailing Address  
CARRIAGE HOUSE APTS.  
7155 N. 9TH AVE., #103A  
PENSACOLA, FL 32504



02162004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4373133**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JONGKO, GERMELINA  
7155 N. 9TH AVE. APT. 103A  
PENSACOLA, FL 32504

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IN THIS SPACE**

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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DE LEON CONTRERAS, ROSE
STREET ADDRESS	7155 N. 9TH AVE., APT. 103A
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	MGR
NAME	JONGKO RAY, ELIZA
STREET ADDRESS	7155 N. 9TH AVE., APT. 103A
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *germelina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/15/04*

Date

*850-476-8644*

Daytime Phone #