

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 JUN -8 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006744

1. Entity Name

SOUND BREEZE II, LLC

Principal Place of Business

NEW ADDRESS

204 CENTER DRIVE
GULF BREEZE FL 32561
CARRIAGE HOUSE apt.
7155 N. 9th AVE.
103 A
PENSACOLA, FL 32504

Mailing Address

NEW ADDRESS

204 CENTER DRIVE
GULF BREEZE FL 32561
CARRIAGE HOUSE APARTMENT
7155 N. 9th AVE.
103 A
PENSACOLA, FL 32504



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

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S
3 WEST GARDEN STREET, SUITE 600
BLOUNT BUILDING
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name GERMELINA JONGLO
Street Address (P.O. Box Number is Not Acceptable)
7155 N 9th Avenue
apt 103 A
City Pensacola FL Zip Code 32504

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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/1/2001

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004423272 4
-06/15/01--01098--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME PROPERTY MANAGER
STREET ADDRESS ROBERT DE LEO CONTRACTOR
CITY-ST-ZIP 7155 N. 9th AVENUE 103 A
PENSACOLA, FL 32504

TITLE
NAME PROPERTY MANAGER
STREET ADDRESS ELISA JONGLO-RAY
CITY-ST-ZIP 7155 N. 9th AVENUE 103 A
PENSACOLA, FL 32504

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* SIGNATURE REQUIRED

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

850
4/23/01 476 86 46
Date Daytime Phone #

CR2E083 (11/00)