## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 13, 2007 8:00 am **DOCUMENT # L01000011347 Secretary of State** 1. Entity Name GULÉ BREEZE L.L.C. 03-13-2007 90118 004 \*\*\*\*50.00 Mailing Address Principal Place of Business 12966 - MANDARIN-RD - - -PO BOX 56316 JACKSONVILLE, FL 32241 JACKSONVILLE, FL 32223 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1319 Weaver Glen Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02032007 CR2E083 (12/06) Cha-LLC 4. FEI Number Applied For City & State City & State Jacksonville, FL 59-3732360 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32223 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEAVER, BEN J Street Address (P.O. Box Number is Not Acceptable) 12966-MANDARIN-ROAD-JACKSONVILLE, FL 32223 1319 Weaver Glen Road Zip Code Jacksonville 32223 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 alignature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM Change ■ Addition TITLE TITLE Delete Address Only WEAVER, BEN J NAME NAME 1319 Weaver Glen Road STREET ADDRESS STREET ADDRESS 12966 MANDARIN ROAD JACKSONVILLE, FL 32223 CITY-ST-ZIP Jacksonville, FL 32223 CITY-ST-7IP D Change □ Ad Address only Addition TITLE ☐ Delete TITLE WEAVER, DIANNE J NAME NAME STREET ADDRESS 12966 MANDARIN ROAD STREET ADDRESS 1319 Weaver Glen Road CITY-ST-ZIP JACKSONVILLE, FL 32223 CITY-ST-ZIP Jacksonville, FL 32223 ☐ Change ☐ Addition TITLE ☐ Delete FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITEE Change ☐ Addition NAME NAME Lagrance of the STREET ADDRESS STREET ADDRESS 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.

2007

March

Managing

<del>-Weaveb/,</del>

SIGNATURE: 4

(904) 251-1111

Oaytime Phone #

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