2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000007139 1. Entity Name BREAM GUINEA, L.L.C.



FILED Mar 14, 2007 08:00 AM Secretary of State

Principal Place of Business

110 LOGAN LANE SUITE 1 SANTA ROSA BEACH, FL 32549 Mailing Address

110 LOGAN LANE SUITE 1 SANTA ROSA BEACH, FL 32549



03062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2284620

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAEMER, MARY K 35 CLAYTON LANE SANTA ROSA BEACH, FL 32459

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8.	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_

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP 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, 2007

U00000666527 03/23/07-80074-001 50.00

9. MANAGING MEMBERS/MANAGERS MGR NAME BREAUX, J. MARK STREET ADDRESS 110 LOGAN LANE SUITE 1 CITY-ST-ZIP SANTA ROSA BEACH, FL 32549 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

E AND TYPED OF PRINTED NAME OF S

3/13/07

8502311248

Date