

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:56

DOCUMENT # L02000010887

1. Entity Name
BREEZE BREAKER ENTERPRISES, LLC



Principal Place of Business
9130 GALLERIA COURT
SUITE 326
NAPLES, FL 34109

Mailing Address
9130 GALLERIA COURT
SUITE 326
NAPLES, FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10162006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

04-3661095

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER WHITE BOGGS BANKER P.A.
5811 PELICAN BAY BLVD.
SUITE 600
NAPLES, FL 34108

Name

Global Islands, LLC

Street Address (P.O. Box Number is Not Acceptable)

9130 Galleria Ct, Ste 326

City

Naples

FL

Zip Code

34109

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

11-27-06

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME RAVENSCROFT, SAMANTHA ☒ Delete
STREET ADDRESS 9130 GALLERIA COURT
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS 700081857317 ☐ Change ☐ Addition
CITY-ST-ZIP 11/16/06--01041--001 **\$5.00

TITLE PRESIDENT AND CEO
NAME SAMANTHA A. RAVENSCROFT ☐ Delete
STREET ADDRESS 9130 GALLERIA CT, Ste 326
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

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

11/13/06 239-348-7444
Date Daytime Phone #