


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90015 009 ***143.75

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
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00000102



2. Principal Place of Business - No P.O. Box # 3140 LA Costa Circle	3. Mailing Address 3140 LA Costa Circle
Suite, Apt. #, etc. 106	Suite, Apt. #, etc. 106

1st MOORE CR2E083 (10/07)

City & State NAPLES, FL	City & State NAPLES, FL
Zip 34105	Zip 34105
Country USA	Country USA

4. FEI Number 04-3661095	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GLOBAL ISLANDS LLC 9130 GALLERIA CT SUITE 326 NAPLES FL 34109	
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7. Name and Address of New Registered Agent	
Name DARON A. FARMER, P, L,	
Street Address (P.O. Box Number is Not Acceptable) 720 Fifth Ave, Ste 211	
City NAPLES	Zip Code FL 34102

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 Samantha A. Ravenscroft	DATE 4/19/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE PCEO	<input checked="" type="checkbox"/> Delete
NAME RAVENS CROFT, SAMANTHA	
STREET ADDRESS 9130 GALLERIA CT SUITE 326	
CITY-ST-ZIP NAPLES FL 34109	
TITLE PRESIDENT & CEO	<input type="checkbox"/> Delete
NAME BREEZE BREAKER ENT, LLC	
STREET ADDRESS 3140 LA Costa Circle, Ste 106	
CITY-ST-ZIP NAPLES, FL 34105	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Samantha A. Ravenscroft	DATE: 4/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone #