

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018799

FILED  
Feb 11, 2008  
Secretary of State

**Entity Name:** SOUTHERN BREEZE MANAGEMENT SERVICES COMPANY, LLC

**Current Principal Place of Business:**

52 NACOOSA ROAD  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160  
MONTICELLO, FL 32345

**New Mailing Address:**

**FEI Number:** 01-0723858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BIRD, T. BUCKINGHAM  
165 E. DOGWOOD ST  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BESHEARS, FRED H  
Address: 52 NACOOSA ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: BESHEARS, HALSEY W  
Address: PO BOX 1176  
City-St-Zip: MONTICELLO, FL 32345 US

Title: MGR ( ) Change (X) Addition  
Name: BESHEARS, THAD H  
Address: PO BOX 1176  
City-St-Zip: MONTICELLO, FL 32345 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRED BESHEARS

MGR

02/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date