

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90058 044 ****50.00

0013521

DOCUMENT # L02000019795

1. Entity Name

OCEAN BREEZE, LLC



Principal Place of Business

10300 SW 72 ST., SUITE 470F
MIAMI FL 33173

Mailing Address

10300 SW 72 ST., SUITE 470F
MIAMI FL 33173

90152057



2. Principal Place of Business

13323 SW 135 AVE

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

4. FEI Number

03-0477271

Applied For

Not Applicable

Zip

33186

Country

~~UNITED STATES~~

Zip

Country

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

PEREIRA, JOSEPH A JR
10300 SW 72 ST., SUITE 470F
MIAMI FL 33173

Name

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

City

FL

Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MANAGING MEMBER** Delete
NAME: **WILLIAM MARTINEZ**
STREET ADDRESS: **13323 SW 135 AVE**
CITY-ST-ZIP: **MIAMI, FL 33173**

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Delete
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____ Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

WILLIAM MARTINEZ
MANAGING MEMBER

Date

Daytime Phone #

305-235-5561

CR2E083 (4/03)