


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000024216 1. Entity Name SEABREEZE FLORIDA, L.L.C.	
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Principal Place of Business 103 HIGHLAND AVE BRADENTON BEACH, FL 34217-2444	Mailing Address PO BOX 2551 TARPON SPRINGS, FL 34668-2551
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04022007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4216484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RANDELMAN, P.H.
PO BOX 2551
TARPON SPRINGS, FL 34688**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANDELMAN, P.H. PO BOX 2551 TARPON SPRINGS, FL 346882551
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANDELMAN, R.E. PO BOX 2551 TARPON SPRINGS, FL 346882551
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04/12/07-800009-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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: P.H. Randelman P.H. Randelman 4-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

727 939-4684