2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 03, 2004 8:00 am Secretary of State **DOCUMENT # L03000001523** 02-03-2004 90049 008 ****50.00 GULF BREEZE MANAGEMENT SERVICES OF S.W. FLORIDA, LLC Principal Place of Business Mailing Address 27725 OLD 41 27725 OLD 41 SUITE 104 **SUITE 104 BONITA SPRINGS, FL 34135** BONITA SPRINGS, FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 33-1039027 Not Applicable Country \$5.00 Additional Zin Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEIDNER, RALPH L Street Address (P.O. Box Number is Not Acceptable) 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135 City 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 Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 The Andrew Paper of the Control of t Florida Department of State চলাল বিষ্ণালী হৈছিল। এই ১০০ টুটা প্ৰায়ুক্ত হৈছিল সংগ্ৰহণ হৈ লগতে daware --- ADDITIONS/CHANGES----MANAGING MEMBERS/MANAGERS 10. 9. MGRM. Change Addition TITLE 71.24 Weidner, Ralph L. NAME NAME STREET ADDRESS STREET ADDRESS 27725 Old 41, Suite 104 $\subseteq_{\mathbb{N}}$ CITY-ST-7IP . CITY-ST-ZIP Bonita Springs, FL 34135 Change Addition TITLE TITLE Delete Weidner, Nancy K. 27725 Old 41, Suite 104 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P Bonita Springs, FL 34135 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ... CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST-7IP CITY-ST-ZIP ---11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i); 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. limited liability company A ROSE FALS TO DEPOSIT 1/9/2004 **...(239).** 498**-**3311

Ralph L. Weidner --

MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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