


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90060 002 ****50.00

DOCUMENT # L03000001523	
1. Entity Name GULF BREEZE MANAGEMENT SERVICES OF S.W. FLORIDA, LLC	

Principal Place of Business 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135	Mailing Address 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135
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20000899



2. Principal Place of Business 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State	3. Mailing Address 8910 Terrene Court Suite, Apt. #, etc. Suite 200 City & State
Zip	Country

01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1039027	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WEIDNER, RALPH L 27725 OLD 41 SUITE 104 BONITA SPRINGS, FL 34135	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City FL Zip Code
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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 _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEIDNER, RALPH L <input type="checkbox"/> Delete 27725 OLD 41, SUITE 104 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8910 Terrene Court, Suite 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEIDNER, NANCY K <input type="checkbox"/> Delete 27725 OLD 41, SUITE 104 BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8910 Terrene Court, Suite 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Ralph L. Weidner</u> Ralph L. Weidner <u>1/5/06 (239) 498-3311</u>	Date	Daytime Phone #
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