


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90257 030 \*\*\*\*55.00

**DOCUMENT # L03000009695**

1. Entity Name  
**SEA BREEZE INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**555 S. DIXIE HIGHWAY EAST**      **555 S. DIXIE HIGHWAY EAST**  
**POMPANO BEACH FL 33060**      **POMPANO BEACH FL 33060**

34004167



MOORE CR2E083 (11/03)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**04-3751594**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**B & C CORPORATE SECURITIES, INC.**  
**ONE FINANCIAL PLAZA**  
**SUITE 2700**  
**FT. LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$90.00**  
**Make Check Payable to Florida Department of State**  
**Due By: May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Managing Member	MARTIA S. McNeill	555 S. Dixie Hwy East	Pompano Beach FL 33060	<input type="checkbox"/>
Managing Member	JAY R. McNeill	555 S. Dixie Hwy East	Pompano Beach FL 33060	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Signature and Title of Member, Manager, or Authorized Representative

Date

Daytime Phone #

*[Handwritten Signature]*      **3/31/04**      **954 325 3237**