


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90020 041 ****50.00

DOCUMENT # L03000019721	
1. Entity Name SPRING BREEZE APARTMENTS, LLC	

Principal Place of Business 1721 N.W. 108 AVE. PEMBROKE PINES FL 33026	Mailing Address 1721 N.W. 108 AVE. PEMBROKE PINES FL 33026
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2. Principal Place of Business 1721 N.W. 108 AVE	3. Mailing Address 1721 N.W. 108 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



1st MOORE CR2E083 (10/04)

City & State PEMBROKE PINES	City & State PEMBROKE PINES
Zip FL-33026	Country U.S.A.
City & State PEMBROKE PINES	City & State PEMBROKE PINES
Zip FL-33026	Country U.S.A.

4. FEI Number 65-1193536	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 MATHEW, THURACKAL U 1721 N.W. 108 AVE. PEMBROKE PINES FL 33026	
7. Name and Address of New Registered Agent Name NONE Street Address (P.O. Box Number is Not Acceptable) N/A 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 May 1, 2005	

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEW, THURACKAL U 1721 N.W. 108 AVE. PEMBROKE PINES FL 33026 <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	MGRM MATHEW, LILLY 1721 N.W. 108 AVE. PEMBROKE PINES FL 33026 <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
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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: 	THURACKAL U. MATHEW 954-816-6614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Date 02/28/05	Daytime Phone #