

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000019721

1. Entity Name

SPRING BREEZE APARTMENTS, LLC



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

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

Principal Place of Business Mailing Address

1721 N.W. 108 AVE.
PEMBROKE PINES FL 33026

1721 N.W. 108 AVE.

PEMBROKE PINES FL 33026

2. Principal Place of Business 3. Mailing Address

1721 N.W. 108 AVE.

1721 N.W. 108 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State City & State

PEMBROKE PINES

PEMBROKE PINES

Zip Country Zip Country

FL-33026

FL-33026

U.S.A.

U.S.A.

6. Name and Address of Current Registered Agent

MATHEW, THURACKAL U
1721 N.W. 108 AVE.
PEMBROKE PINES FL 33026

4. FEI Number 65-1193536

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name NO ONE
Street Address (P.O. Box Number is Not Acceptable)
City N/A
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 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	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEW, THURACKAL U		NAME		
STREET ADDRESS	1721 N.W. 108 AVE.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEW, LILLY		NAME		
STREET ADDRESS	1721 N.W. 108 AVE.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33026		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 #