

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

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



01042007 No Cng-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1193536

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MATHEW, THURACKAL U
1721 N.W. 108 AVE.
PEMBROKE PINES, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MATHEW, LILLY
1721 N.W. 108 AVE.
PEMBROKE PINES, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000680942
04/04/07-80023-014 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MATHEW, THURACKAL U.

Date

3/22/07
Day/Mo/Yr Phone #