

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 28, 2008 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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE		CR2E083 (10/07)	
4. FEI Number 65-1193536		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	

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	
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.

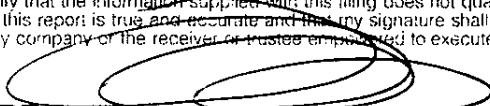
SIGNATURE _____ (NOTE: Registered agent's signature is required when filing this report.) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM ☐ Delete
NAME	MATHEW, THURACKAL U
STREET ADDRESS	1721 N.W. 108 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	MGRM ☐ Delete
NAME	MATHEW, LILLY
STREET ADDRESS	1721 N.W. 108 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL 33026
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1/26/08 954-436-6841**