

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2004 90051 010 \*\*\*\*50.00

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<b>DOCUMENT # L03000027053</b> 1. Entity Name <b>ATLANTIC BREEZE HOMES, LLC</b>					
Principal Place of Business <b>8600 US HIGHWAY 1</b> <b>MICCO, FL 32976 US</b>			Mailing Address <b>8600 US HIGHWAY 1</b> <b>MICCO, FL 32976 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-0106429</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>PANKOSKY, ELSIE</b> <b>8600 US HIGHWAY 1</b> <b>MICCO, FL 32976</b>			7. Name and Address of New Registered Agent Name <b>ANDY BAKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>8600 US HIGHWAY 1</b> City <b>MICCO</b> <b>FL</b> Zip Code <b>32976</b>		
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: <u><i>Andrew H. Baker</i></u> <b>ANDREW H. BAKER</b> <b>April 19, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENE, DAVID 8660 US HIGHWAY 1 MICCO, FL 32976	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENE, JACK 8660 US HIGHWAY 1 MICCO, FL 32976	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENE, JACK 8660 US HIGHWAY 1 MICCO, FL 32976	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENE, JACK 8660 US HIGHWAY 1 MICCO, FL 32976	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENE, JACK 8660 US HIGHWAY 1 MICCO, FL 32976	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>David Greene</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>DAVID GREENE</b> <b>04-15-04</b> <b>(404)636-0343</b> <small>Date Daytime Phone #</small>			