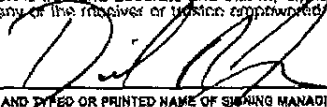


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000012479		
1. Entity Name BAYBREEZE ESTATES, L.L.C.		
Principal Place of Business 544 U.S. HIGHWAY 90 EAST DEFUNIAK SPRINGS, FL 32433		Mailing Address POST OFFICE BOX 663 DEFUNIAK SPRINGS, FL 32435
DO NOT WRITE IN THIS SPACE		
		 04252006No Chg-LLC CR2E083 (11/05)
		4. FEI Number 34-1997986
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent THOMAS, DAVID R 544 U.S. HIGHWAY 90 EAST DEFUNIAK SPRINGS, FL 32433		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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGRM	
NAME	THOMAS, DAVID R	
STREET ADDRESS	544 U.S. HIGHWAY 90 EAST	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. her 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 authorized to execute this report as required by Chapter 603, Florida Statutes.		
SIGNATURE: 		5/1/06 850-892-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #