


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000012479 1. Entity Name BAYBREEZE ESTATES, L.L.C.	
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Principal Place of Business 544 U.S. HIGHWAY 90 EAST DEFUNIAK SPRINGS, FL 32433	Mailing Address POST OFFICE BOX 663 DEFUNIAK SPRINGS, FL 32435
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01182007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1997986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title 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 THOMAS, DAVID R 544 U.S. HIGHWAY 90 EAST DEFUNIAK SPRINGS, FL 32433
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02/02/07-80074-021 50.00

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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: *David R. Thomas* 1/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #