

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000014093

1. Entity Name

GULF BREEZE CONCESSIONS, LLC



Principal Place of Business

26220 BONITA FAIRWAY CIRCLE
BONITA SPRINGS FL 34135-6570

Mailing Address

26220 BONITA FAIRWAY CIRCLE
BONITA SPRINGS FL 34135-6570

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 12, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E083 (10/05)

4. FEI Number
02-0716966

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

Signature, typewritten or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	HALE, DEBRA I	
STREET ADDRESS	26220 BONITA FAIRWAY CIRCLE	
CITY- ST- ZIP	BONITA SPRINGS FL 34135-6570	
TITLE	MGR	☐ Delete
NAME	HALE, DAVID A	
STREET ADDRESS	26220 BONITA FAIRWAY CIRCLE	
CITY- ST- ZIP	BONITA SPRINGS FL 34135-6570	
TITLE	S	☐ Delete
NAME	HALE, DAVID A	
STREET ADDRESS	26220 BONITA FAIRWAY CIRCLE	
CITY- ST- ZIP	BONITA SPRINGS FL 34135-6570	
TITLE	T	☐ Delete
NAME	HALE, DEBRA I	
STREET ADDRESS	26220 BONITA FAIRWAY CIRCLE	
CITY- ST- ZIP	BONITA SPRINGS FL 34135-6570	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS	U000000505077	
CITY- ST- ZIP	04/26/06-80104-003 50.00	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
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CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DAVID A. HALE

3-27-06

239 992 5.

Date

Corporate Filings &