


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90151 015 ***150.00

DOCUMENT # L04000017054																													
1. Entity Name SEABREEZE, LLC																													
Principal Place of Business 6466 N.W. 5TH WAY FT. LAUDERDALE, FL 33309 US			Mailing Address 6466 N.W. 5TH WAY FT. LAUDERDALE, FL 33309 US																										
2. Principal Place of Business - No P.O. Box # 2953 W. CYPRESS CREEK RD Suite, Apt. #, etc. STE 101 City & State FT LAUD Zip FL 33309 Country US		3. Mailing Address 2953 W. CYPRESS CREEK RD Suite, Apt. #, etc. STE 101 City & State FT LAUD FL Zip 33309 Country US																											
4. FEI Number 20-0883256			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required																										
6. Name and Address of Current Registered Agent DARYL, TIRICO 6466 N.W. 5TH WAY FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2953 W. CYPRESS CREEK RD STE 101 City FT LAUD FL Zip Code 33309																										
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 _____ DATE <u>4/27/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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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: _____ DATE: 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE