


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000017541 1. Entity Name BAY BREEZE REALTY, LLC	
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Principal Place of Business
**112 1ST AVENUE, SW
STEINHATCHEE, FL 32359**

Mailing Address
**PO BOX 934
STEINHATCHEE, FL 32359**



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WICKER, BEN C
112 1ST AVENUE, SW
STEINHATCHEE, FL 32359**

**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)

0000006189514

**Filing Fee is \$50.00
Due by May 1, 2007**

02/07/07-80022-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WICKER, BEN C
STREET ADDRESS	112 1ST AVENUE SW
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	MGR
NAME	WICKER, LINDA W
STREET ADDRESS	112 1ST AVENUE SW
CITY-ST-ZIP	STEINHATCHEE, FL 32359
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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: *Linda Wicker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-27-07

Date

**352
498-8002**

Days/mo Phone #