## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000027150**

1. Entity Name

BREEZY ACRES PARK LOT 14, L.L.C.



FILED Jan 17, 2006 08:00 AM Secretary of State

Principal Place of Business

1662 SANTA BARBARA DR. DUNEDIN, FL 34697 Mailing Address PO BOX 1616 DUNEDIN, FL 34697



01112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAGRANDE, LOUIS A ESQ 1245 COURT STREET STE.102 CLEARWATER, FL 33756

## DO NOT WRITE IN THIS SPACE

| 8. The above<br>the obligati  | named entity submits this statement for the purpose of chan<br>ons of registered agent. | iging its registered | d office or registered agent, or bot       | in, in the State of Florida. I am familiar with, and accept |
|---|---|----------------------|--|---|
| SIGNATURE Spraints, typed or printed name of registered again and title it applicable. (NOTE: Reg |   |                      | Agent signature required when reinstaling) | TAO   |
| Fi<br>Di  | ling Fee is \$50.00<br>ue by May 1, 2006  |                      |  |   |
| 9.  | MANAGING MEMBERS/MANAGERS   |                      |  |   |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP   | MGRM<br>NORTON, JOHN M<br>1662 SANTA BARBARA DR<br>DUNEDIN, FL 34698                    |                      |  | 000000389196<br>81/20/06-80032-025 50.00                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                      |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                      | DO   | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>GITY-ST-ZIP  |   |                      | IN .                                       | IN THIS SPACE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                      |  |   |
| TITLE<br>NAME   |   |                      |  |   |

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

1/12/06

(727) 736 - 2894

Daytime Phone #