2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State
05-21-2008 90207 017 ***138.75

DOCUMENT # L04000044555

1. Entity Name
GULF BREEZE SC, LLC

Principal Place of Business	Mailing Address
951 18TH STREET SOUTH SUITE 200 BIRMINGHAM, AL 35205	951 18TH STREET SOUTH SUITE 200 BIRMINGHAM, AL 35205

DO NOT WRITE IN THIS SPACE

04252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1229190
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINNE, WILLIAM V
127 PALAFOX PLACE, SUITE 100
PENSACOLA, FL 32502-5629

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GULF BREEZE MANAGER SC, LLC
STREET ADDRESS	951 EAST STREET, SUITE 200
CITY-ST-ZIP	BIRMINGHAM, AL 35205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

PAID
CK# 11823
4/25/08
yac

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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: [signature] - Director of Accounting 4/25/08 (205) 939-8214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #