


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90159 014 \*\*\*\*50.00

<b>DOCUMENT # L04000050328</b>	
1. Entity Name <b>THE BREEZY CLOTHESLINE, LLC</b>	

Principal Place of Business <b>1531 DADE STREET FERNANDINA BEACH, FL 32034</b>	Mailing Address <b>1531 DADE STREET FERNANDINA BEACH, FL 32034</b>
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2. Principal Place of Business <b>124 Osborne St.</b>	3. Mailing Address <b>124 Osborne St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>St. Marys, GA</b>	City & State <b>St. Marys, GA</b>
Zip <b>31558</b>	Zip <b>31558</b>
Country <b>USA</b>	Country <b>USA</b>

**20008959**



02012005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1331191</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ROACH, JOANNE H 1531 DADE STREET FERNANDINA BEACH, FL 32034</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 <b>Joanne Roach (Joanne Roach)</b>	DATE <b>2- -05</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>MGR</b> NAME <b>Joanne Roach</b> STREET ADDRESS <b>1531 Dade St</b> CITY-ST-ZIP <b>Fernandina Beach, FL 32034</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>MGRM</b> NAME <b>Lorraine Corbett</b> STREET ADDRESS <b>1803 Highland Dr.</b> CITY-ST-ZIP <b>Fernandina Beach, FL 32034</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>MGRM</b> NAME <b>Pat Burns</b> STREET ADDRESS <b>1327 Autumn Trace</b> CITY-ST-ZIP <b>Fernandina Beach, FL 32034</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Joanne Roach (Joanne Roach)</b>	Date <b>1-9-12-673-0123</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	