## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000050328

THE BREEZY CLOTHESLINE, LLC



FILED Jan 25, 2006 08 Secretary of S

Principal Place of Business

Mailing Address

124 OSBORNE STREET SAINT MARYS, GA 31558 124 OSBORNE STREET SAINT MARYS, GA 31558



01112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1331191 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROACH, JOANNE H 1531 DADE STREET FERNANDINA BEACH, FL 32034

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Joanne Rouch 1-23-06 912-673-0123

| 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 Source Poach (Tourne Roach) /-23-06   |  |  |
|--|--|--|
| Signature, typed or printed name of register at agent and life it applicable. (INDTE: Registered Agent signature required when reinstaling) DMTE   |  |  |
| Filling Fee is \$50.00 Due by May 1, 2006  |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS  |  |
| dile<br>Name<br>Street address<br>City-St-Zip  | MGR ROACH, JOANNE 1531 DADE STREET FERNANDINA BEACH, FL 32034                  | U00004 <b>0</b> 1265<br>02/02/06-80037-003 <b>5</b> 0.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZO  | MGRM<br>CORBETT, LORRAINE<br>1803 HIGHLAND DRIVE<br>FERNANDINA BEACH, FL 32034 | 02/02/06-80037-803 50.80                                 |
| TITLE<br>MAME<br>STREET ADDRESS<br>GITY-ST-ZIP   | MGRM<br>BURNS, PAT<br>1327 AUTUMN TRACE<br>FERNANDINA BEACH, FL 32034          | DO NOT WRITE   |
| fite<br>Name<br>Street autoress<br>City-St-Zip   |  | IN THIS SPACE  |
| RITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| TITLE NAME STREET AUDRESS CATY-S1-ZIP  |  | -  |
| 11. It hereby certify that the information supplied with this fling 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 AND TYPE OR FRANCO NAME OF SIGNAND MANACING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dayting Phone #

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