2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000050328

1. Entity Name

THE BREEZY CLOTHESLINE, LLC

Principal Place of Business	Mailing Address
124 OSBORNE STREET SAINT MARYS GA 31558	124 OSBORNE STREET SAINT MARYS GA 31558

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
ROACH, JOANNE H 1531 DADE STREET FERNANDINA BEACH FL 3203	Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code

8. The above named entity submits this statement fo r 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

Our LLC should only be registered in GA - I'm not sure why it is registered in both FLA & GA.

FYI - We will be going out of business by Sept., 2007.

9. MANAGING MEMBE ADDITIONS/CHANGES

TITLE	MGR	☐ Change ☐ Addition
NAME	ROACH, JOANNE	
STREET ADDRESS	1531 DADE STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	MGRM	☐ Change ☐ Addition
NAME	CORBETT, LORRAINE	
STREET ADDRESS	1803 HIGHLAND DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	MGRM ☐ Delete	☐ Change ☐ Addition
NAME	BURNS, PAT	
STREET ADDRESS	1327 AUTUMN TRACE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000684157
04/06/07-80021-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joanne Roach 3-27-07 912-673-0123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #