## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## Apr 15, 2005 8:00 am Secretary of State DOCUMENT # L04000052474 1. Entity Name 04-15-2005 90020 047 \*\*\*\*50.00 COASTAL BREEZE PROPERTIES. LLC Principal Place of Business Mailing Address 6614 OAKCLIFF ROAD 6614 OAKCLIFF ROAD PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROZIER, JACKIE R Street Address (P.O. Box Number is Not Acceptable) 6614 OAKCLIFF ROAD PENSACOLA FL 32526 Zip Code City 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition TITLE MGRM ☐ Delete Change ROZIER, JACKIE R NAME STREET ADDRESS 6614 OAKCLIFF ROAD STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE MGRM ☐ Delete TITLE BRAUCH, MICHAEL L NAME NAME STREET ADDRESS 14357 LONG CHANNEL DRIVE STREET ADDRESS CITY-ST-ZIP GERMANTOWN MD 20874 CITY-ST-ZIP ☐ Detete TITLE Change Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7LP ☐ Delete Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME

**FILED** 

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-ZIP