


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000081616
 1. Entity Name
 SEA BREEZE DEVELOPMENT, LLC



Principal Place of Business Mailing Address
 2814 TERN CT P.O. BOX 5265
 SAINT JAMES CITY, FL 33956 FRISCO, CO 80443

DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1988680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAVIELLO, JR., MICHAEL A ESQUIRE
 1025 FIFTH AVENUE NORTH
 NAPLES, FL 34102

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRANE, TIMOTHY J P.O. BOX 5265 FRISCO, CO 80443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRIMAN, GEORGE K PO BOX 10009 BRECKENRIDGE, CO 80424
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 01/31/08-80012-017 138.75

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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]* Date: 1/25/08 Daytime Phone #: 970547-5017

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