

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082118

FILED
Jan 04, 2005
Secretary of State

Entity Name: OCEAN BREEZE PARTNERS, LLC

Current Principal Place of Business:

3120 SHEEHAN DRIVE
LAND O'LAKES, FL 346388031

New Principal Place of Business:

3120 SHEEHAN DRIVE
LAND O'LAKES, FL 34638 80

Current Mailing Address:

3120 SHEEHAN DRIVE
LAND O'LAKES, FL 346388031

New Mailing Address:

3120 SHEEHAN DRIVE
LAND O'LAKES, FL 34638 80

FEI Number: 20-1892000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, CHARLES F
1550 S. HIGHLAND AVE., SUITE B
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

YOUNGBLOOD, BILL A
3120 SHEEHAN DRIVE
LAND O'LAKES, FL, FL 34638 US

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.

SIGNATURE: BILL YOUNGBLOOD

01/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: YOUNGBLOOD, BILL A MGR
Address: 3120 SHEEHAN DRIVE
City-St-Zip: LAND O'LAKES, FL 34638

Title: MGR () Change (X) Addition
Name: YOUNGBLOOD, BARBARA J MGR
Address: 3120 SHEEHAN DRIVE
City-St-Zip: LAND O'LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BILL YOUNGBLOOD

MGR

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date