

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085225

Entity Name: OCEAN BREEZE, LLC

FILED  
Jan 07, 2007  
Secretary of State

**Current Principal Place of Business:**

1330 N. OCEAN BLVD  
GULF STREAM, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1330 N. OCEAN BLVD  
GULF STREAM, FL 33483

**New Mailing Address:**

FEI Number: 20-1932095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKER, JEFFREY P  
1330 N OCEAN BLVD  
GULF STREAM, FL 33483 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARKER, JEFFREY P  
Address: 1330 N OCEAN BLVD  
City-St-Zip: GULF STREAM, FL 33483

Title: MGRM ( ) Delete  
Name: GOLLINGER, JON  
Address: 105 MEADOWBROOK ROAD  
City-St-Zip: WETON, MA 02493

Title: MGRM ( ) Delete  
Name: CJC ISLAND PROPERTIE, S  
Address: 5582A NORTH OCEAN BLVD  
City-St-Zip: GULF STREAM, FL 33435

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JEFFREY P PARKER

MGRM

01/07/2007

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