2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L05000008171

Entity Name: 515 SEABREEZE LLC

Current Principal Place of Business:

5300 N.W. 12TH AVE., #1
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5300 N.W. 12TH AVE., #1
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 04-3804679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGERMAN, RICHARD M ESQ.
C/O RICHARD M. MOGERMAN, P.A.
150 SOUTH PINE ISLAND ROAD, SUITE 130
PLANTATION, FL 33324 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: DANAN, PATRICK
Address: 5300 N.W. 12TH AVE., #1
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM ( ) Delete
Name: LEO, FRANK A
Address: 44 MINEBROOK ROAD
City-St-Zip: COTSNECK, NJ 07722

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

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: MERCER, LEONARD
Address: 5300 NW 12 AVENUE, #1
City-St-Zip: FORT LAUDERDALE, FL 33309

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: PATRICK DANAN MGRM 04/23/2007

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