2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR)

FILED Mar 10, 2006 8:00 am Secretary of State 02-22-2006 90111 013 ****50 00

2/1 DOCUMENT # L05000012250 1. Entity Name BAY BREEZES, LLC Principal Place of Business Mailing Address OUUUUTUI 277 PINEWOOD DRIVE 277 PINEWOOD DRIVE TALLAHASSEE FL 32303 US TALLAHASSEE FL 32303 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (19/95) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATHEWS, EDWARD D JR. 277 PINEWOOD DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 City Zip Code 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, (NOTE: Registered Agent signature required when remolating DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Delate TITLE ☐ Change Addition Edward D. Muthews, Jr. MALIE 277 Pinewood Dr. STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP Tallahassel FL 32303 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY - ST- ZIP m Delete. MILE ____Change__ ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z#P CITY-ST- AP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z# CITY-ST-ZIP UTLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	/ (Date	Daytima Phone 8
SIGNATURE Edum DMIT LA MCRIN	2/11/06	5506819303



February 24, 2006

BAY BREEZES, LLC 277 PINEWOOD DRIVE TALLAHASSEE, FL 32303 US

Subject: BAY BREEZES, LLC

Reference Number:

L05000012250

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION