2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# L05000045474

Entity Name: SPRING BREEZE MOBILE HOME COMMUNITY, LLC

Current Principal Place of Business:

1505 GOODYEAR AVENUE
LAKELAND, FL 33801 US

New Principal Place of Business:

1505 GOODYEAR AVENUE, #18
LAKELAND, FL 33801 US

Current Mailing Address:

22295 SW 124 AVENUE
MIAMI, FL 33170 US

New Mailing Address:

PO BOX 212
MELROSE, FL 32666 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, ADAM M DR.
22295 SW 124 AVENUE
MIAMI, FL 33170 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: LEVINE, ADAM M DR.
Address: 22295 SW 124 AVENUE
City-St-Zip: MIAMI, FL 33170 US

Title: MGRM ( ) Delete
Name: LEVINE, MARITZA O
Address: 22295 SW 124 AVENUE
City-St-Zip: MIAMI, FL 33170 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: LEVINE, MARITZA O
Address: PO BOX 212
City-St-Zip: MELROSE, FL 32666 US

I hereby certify that the information supplied with this filing does not qualify 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: MARITZA LEVINE MGRM 01/05/2008

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