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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. HODGE

DOCUMENT # L05000046209

1. Entity Name
OCEAN BREEZE TOWNHOMES, LLC

Principal Place of Business	Mailing Address
248 1ST AVENUE N. ST. PETERSBURG, FL 33701	248 1ST AVENUE N. ST. PETERSBURG, FL 33701

01162006 Chg-LLC CR2E083 (11/05) 3/6

2. Principal Place of Business	3. Mailing Address
14001- 63RD Way N	14001 - 63RD Way N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL 33760	City & State: CLEARWATER FL 33760
Zip: 33760 Country: USA	Zip: 33760 Country: USA

4. FEI Number: 20-2795542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMICO, ANTHONY N 248 1ST AVENUE N. ST. PETERSBURG, FL 33701	Name: Street Address (P.O. Box Number is Not Acceptable): 14001- 63RD Way N City: CLEARWATER FL Zip Code: 33760

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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AMICO, ANTHONY N 248 1ST AVENUE N. ST. PETERSBURG, FL 33701 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	14001-63RD Way N CLEARWATER FL 33760 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: X [signature] 1/16/06 727-538-2069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #