## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000064048

1. Entity Name

**BAY BREEZE MAINTENANCE, LLC** 



Principal Place of Business

PO BOX 14184

BRADENTON, FL 34280

Mailing Address

PO BOX 14184

BRADENTON, FL 34280

## FILED May 07, 2007 8:00 am Secretary of State

05-07-2007 90379 040 \*\*\*\*55.00



03012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3142029

Applied For Not Applicable

5. Certificate of Status Desired

₽′

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NICHOLS, GEOFFREY

6400 MANATEE AVENUE WEST

SUITE L-117

BRADENTON, FL 34209

Badeston El-West

DO NOT WRITE IN THIS SPACE

<ol><li>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.</li></ol>	I am familiar with, and accept
the obligations of registered agent.	

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/05/01

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ADAMS, JAMES SR
STREET ADDRESS	PO BOX 14184
CITY - ST - ZIP	BRADENTON, FL 34280
TITLE	MGRM
NAME	TAYLOR, DOROTHY Adams
STREET ADDRESS	PO BOX 14184
CITY-ST-ZIP	BRADENTON, FL 34280
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
Street address	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-07

Daytime Phone #