

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064985

FILED
Apr 20, 2006
Secretary of State

Entity Name: SEABREEZE TITLE SERVICES, LLC

Current Principal Place of Business:

4704 SW 25TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

615 CAPE CORAL PKWY W., #106
CAPE CORAL, FL 33914

Current Mailing Address:

4704 SW 25TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

615 CAPE CORAL PKWY W., #106
CAPE CORAL, FL 33914

FEI Number: 20-3606642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUCK, VICKI L
4704 SW 25TH PLACE
CAPE CORAL, FL 33914 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: MGR () Delete
Name: HOUCK, VICKI L
Address: 4704 SW 25TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: HOUCK, LARRY L
Address: 4704 SW 25TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: MARLOWE-MEDLOCK, KAREN L
Address: 1303 SW 40TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

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

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

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

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: VICKI L. HOUCK

MGR

04/20/2006

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