

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90046 047 ****50.00

DOCUMENT # L05000083131

1. Entity Name
GULF BREEZE ACQUISITIONS, LLC



Principal Place of Business
**2400 PALM RIDGE ROAD STE C-1
SANIBEL, FL 33957**

Mailing Address
**2400 PALM RIDGE ROAD STE C-1
SANIBEL, FL 33957**

20020778



2. Principal Place of Business

3. Mailing Address

P.O. Box 1226

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

Sanibel, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

33957

Country

Lee

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

**CORACE, DUSTYN A
2400 PALM RIDGE ROAD STE C-1
SANIBEL, FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
BURNS, JEFFERY
1225 SAND CASTLE ROAD
SANIBEL, FL 33957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CORACE, DUSTYN A
2400 PALM RIDGE ROAD STE C-1
SANIBEL, FL 33957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Jeff Burns

03/16/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #