

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90352 001 \*\*\*\*50.00

**DOCUMENT # L05000090596**

1. Entity Name  
**OCEAN BREEZE CAPITAL INVESTMENTS, LLC**



Principal Place of Business  
**3358 BALTUSROL LANE  
LAKE WORTH, FL 33467**

Mailing Address  
**3358 BALTUSROL LANE  
LAKE WORTH, FL 33467**

**60037250**



2. Principal Place of Business - No P.O. Box #

**14051 N. MILLER DR**  
Suite, Apt. #, etc.

3. Mailing Address

**SAME**  
Suite, Apt. #, etc.

04112007 Chg-LLC CR2E083 (12/06)

City & State

**PALM BEACH GARDENS FL**

City & State

**PALM BEACH GARDENS FL**

4. FEI Number

**03-0570081**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMSON, LINDA  
3358 BALTUSROL LANE  
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent

Name **LINDA WILLIAMSON**  
Street Address (P.O. Box Number is Not Acceptable)

**14051 N. MILLER DR.**

City **PALM BEACH GARDENS FL** Zip Code **33410**

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

**Linda K. Williamson - LINDA K. WILLIAMSON 4/12/07**

**Filing Fee Is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **WILLIAMSON, LINDA**  
STREET ADDRESS **3358 BALTUSROL LANE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **MGRM** ☐ Delete  
NAME **WILLIAMSON, BEN**  
STREET ADDRESS **3358 BALTUSROL LANE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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

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:**

**Linda K. Williamson - LINDA K. WILLIAMSON 4/12/07**

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

Date

Daytime Phone #