2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# L05000116761

Entity Name: GULF BREEZE INVESTMENT GROUP, LLC

Current Principal Place of Business:

7140 N. 9TH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

7140 N 9TH AVE
PENSACOLA, FL 32504

Current Mailing Address:

7140 N. 9TH AVENUE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 72-1478822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W ROMANA STREET STE 800
PENSACOLA, FL 32502 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: OP ( ) Delete
Name: LAROCCA, LINDA
Address: 1522 W CAUSEWAY APPROACH #17
City-St-Zip: MANDEVILLE, LA 70471

Title: TL ( ) Delete
Name: STREET, AUDIE
Address: 7140 N. 9TH AVE.
City-St-Zip: PENSACOLA, FL 32504

Title: MCA ( ) Delete
Name: TAUSES, ANNE-MARIE
Address: 7140 N. 9TH AVE.
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

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

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

Title: MCA (X) Change ( ) Addition
Name: SCOTT, CISSY
Address: 7140 N. 9TH AVE.
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify 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: CISSY SCOTT MCA 03/31/2009

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