2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Land Typed or Printed Name of Signing Managing Member, or Authorized Representative

ANNUAL REPORT				
DOCUMENT # L05000120005				FILED
1. Entity Name PINEY BREEZES, LLC				OBSTA
				OB FEB 11 AM 8: 12
Principal Plac 277 PINEWO		Mailing Address 277 PINEWOOD DRIVE		TALLAHASS OF STATE
	E, FL 32303 US		US	SECRETARY OF STATE TALLAHASSEE. FLORIDA
-	O NOT WOITE	IN THE COA	- (Y)	01052008 No Chg-LLC CR2E083 (12/07)
DO NOT WRITE IN THIS SPACE			CE 1	4. FEI Number Applied For NOT APPLICABLE Not Applicable
				5. Certificate of Status Desired See Required
6. Name and Address of Current Registered Agent				
MATHEWS, EDWARD D JR. 277 PINEWOOD DRIVE TALLAHASSEE, FL 32303				DO NOT WRITE
				IN THIS SPACE
				317.32
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				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBER	S/MANAGERS	<u>i</u>	***
TITLE NAME	MGRM MATHEWS, EDWARD D		1	
STREET ADDRESS CITY-ST-ZIP	277 PINEWOOD DRIVE TALLAHASSEE, FL 32303			700118149707 02/15/0801039003 **138.75
TITLE	TALLATIAGGEL, TE 02000		-	02/15/0801039003 **138./S
NAME STREET ADDRESS				
CITY-ST-ZIP			4	
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE		·	1	IN THIS SPACE
NAME . STREE ADDRESS				III TIIIO OI AOL
CITY-ST-ZIP		···	4	
NAME				
STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		***************************************	1	
STREET ADDRESS				
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for the a	vemptions contains	d in Chanter 110. Florida Statutos I further and the should be
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.				