2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State
05-23-2007 90215 027 ****50.00

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1. Entity Name
SEA BREEZE DEVELOPMENT & MANAGEMENT COMPANY, LLC

40118141

04122007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
990 ANSLEY AVE VERO BEACH, FL 32968	P.O. BOX 881194 PORT ST LUCIE, FL 34988

2. Principal Place of Business No P.O. Box #	3. Mailing Address
990 ANSLEY AVE	990 ANSLEY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH	City & State: ~~VERO~~ BEACH
Zip: 32968 Country: US	Zip: 32963 Country: US

4. FEI Number 20-0487032 APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAURA B. SORENSON, ESQ.
10696 S. FEDERAL HIGHWAY, SUITE C
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MALONE, DAVID A P.O. BOX 881194 PORT ST. LUCIE, FL 34988 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANGELINE MALONE 990 ANSLEY AVE, VERO BEACH FL 32968 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] 5-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

H0118141

#L06000000916

S D & M

Seabreeze Development & Management Corp.
P. O. Box 881194
Port. St. Lucie, FL 34988
Office: 772-834-8094
Fax: 772-344-8428

WE ARE SORRY I WAS SIC FOR A WEEK AND HAVE JUST GOTTEN TO OUR SMALL OFFICE.
THANK YOU IN ADVANCE FOR YOUR UNDERSTANDING

BEST REGARDS

DAVID MALONE
CEO