

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030015

Entity Name: WEST BREEZE HOMES, LLC

FILED  
Jul 18, 2007  
Secretary of State

**Current Principal Place of Business:**

250 CATALONIA AVENUE, SUITE 305  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

250 CATALONIA AVENUE, SUITE 305  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SANCHEZ, JOSE A  
250 CATALONIA AVENUE, SUITE 305  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

CHIALASTRI, CARLOS  
250 CATALONIA AVENUE, SUITE 305  
CORAL GABLES, FL 33134 US

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: CARLOS CHIALASTRI

07/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANCHEZ, JOSE A  
Address: 250 CATALONIA AVENUE, SUITE 305  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHIALASTRI, CARLOS  
Address: 250 CATALONIA AVENUE, SUITE 305  
City-St-Zip: CORAL GABLES, FL 33134

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: CARLOS CHIALASTRI

MGR

07/18/2007

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