# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Sep 04, 2007**
**Secretary of State**

DOCUMENT# L06000030559

**Entity Name:** GULF BREEZE FRAMING LLC

**Current Principal Place of Business:**

116 CASORA DR.
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

159 DIANOSAUR LANE
SOPCHOPPY, FL 32358

**Current Mailing Address:**

P.O. BOX 315
EAST POINT, FL 32328

**New Mailing Address:**

P.O. BOX 411
PANACEA, FL 32346

**FEI Number: 01-0860822** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:**

HANEY, TIM
116 CASORA DR.
CRAWFORDVILLE, FL 32327 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: MGRM ( ) Delete
Name: HANEY, TIM
Address: P.O. BOX 315
City-St-Zip: EAST POINT, FL 32328

Title: MGRM ( ) Delete
Name: BRYANN, JEFFERY
Address: 4121 SPRINGCREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete
Name: GRAY, GORGE KEITH
Address: 3588 SPRINGCREEK HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: HANEY, TIM
Address: P.O. BOX 411
City-St-Zip: PANACEA, FL 32346

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

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

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: TIM HANEY OWNE 09/04/2007

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