2007 LIMITED LIABILITY COMPANY

FILED Jan 08, 2007 8:00 am

		ANNUAL	REPORT			ļ	Secreta	ry (or Sta	ate
DOCUMENT # L06000102027 1. Entity Name							01-08-2007 9	-		
1. Entity Name ISLAND BREEZE PROPERTY MANAGEMENT LLC										
Principal Plac	e of Business	<u> </u>	Mailing Address			+				
Principal Place of Business 88005 OVERSEAS HIGHWAY ISLAMORADA, FL 33036			88005 OVERSEAS HIGHWAY ISLAMORADA, FL 33036							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			-				
Suite. Apt. #, etc.			Suite, Apt. #, etc.			01042007	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numb	er - 574333	1		oplied For ot Applicable	
Zip		Country	Žiρ	Coun	try		e of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current R	Registered Agent				d Address of New Re	gistered	Agent	
PENINSULA REGISTERED AGENTS, IN 200 SOUTH BISCAYNE BOULEVARD, S MIAMI, FL 33131			C. TE 4100		Name Street Address	(P.O. Box Numb	per is Not Acceptable			
	• 5									
					City	FL Zip Code			le	
8. The above	named entity	y submits this statement for	the purpose of changing its	registere	ad office or registe	ered agent, or be	oth, in the State of Flor	ida. Lam	familiar with,	and accept
. wie ooligat	tions of regist	iered ageni.								
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd little if applicable. (NOTE	Registere	đ Agent signature require	d when reinstating)		DATE		
. Fi	Signature, typed	is \$50.00	nd title if applicable (NOTE	: Registered	d Agent signature require	d when reinstating)		check p	ayable to ent of State	e
. Fi	iling Fee i	is \$50.00		Registered	d Agent signature requirer	d when reinstating)	Florida	check p Departm	ent of State	Đ
9.	iling Fee i ue by May	is \$50.00 y 1, 2007 MANAGING MEMBER		10.		d when reinstating)		check p Departm	ent of State	● Addition
9. SHILE NAME	MGRM SIMMONS	is \$50.00 y 1, 2007 MANAGING MEMBER	RS/MANAGERS	10. TITLE NAMI	E .	d when (einstating)	Florida	check p Departm	ent of State	
9.	MGRM SIMMONS 88005 OV	is \$50.00 y 1, 2007 MANAGING MEMBER	RS/MANAGERS	10. TITLE NAMI STRE		d when (einstating)	Florida	check p Departm	ent of State	
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11. Thereby certify that the information supplied with this filting 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/5/07

(305)394-5775