

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106489

Entity Name: NEW BREEZE DEVELOPMENT, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

66 HIGHPOINT DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

503 FAIRPOINT DRIVE
GULF BREEZE, FL 32561

Current Mailing Address:

66 HIGHPOINT DRIVE
GULF BREEZE, FL 32561

New Mailing Address:

66 FAIRPOINT DRIVE
GULF BREEZE, FL 32561

FEI Number: 20-5803590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOSBEIN, DAVID
66 HIGHPOINT DRIVE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

VOSBEIN, DAVID
503 FAIRPOINT DRIVE
GULF BREEZE, FL 32561 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:

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VOSBEIN, DAVID
Address: 66 HIGHPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: VOSBEIN, SUSAN
Address: 66 HIGHPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VOSBEIN, DAVID
Address: 503 FAIRPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM (X) Change () Addition
Name: VOSBEIN, SUSAN
Address: 503 FAIRPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

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: DAVID VOSBEIN

MR

01/07/2008

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