

FILED
Mar 17, 2008 8:00 am
Secretary of State

02-22-2008 90037 020 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000057044

1. Entity Name
OCEANBREEZE, LLC



Principal Place of Business
**615 CRESCENT EXECUTIVE COURT
SUITE 120
LAKE MARY, FL 32746**

Mailing Address
**615 CRESCENT EXECUTIVE COURT
SUITE 120
LAKE MARY, FL 32746**

30002336



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

26-2170096

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAINT-LAURENT PROPERTIES, LLC
1790 LEGION DRIVE
WINTER PARK, FL 32789**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when removing)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BORCK, TODD L	615 CRESCENT EXECUTIVE COURT SUITE 120	LAKE MARY, FL 32746	<input type="checkbox"/>
MGR	LAW, PATRICK E	615 CRESCENT EXECUTIVE COURT SUITE 120	LAKE MARY, FL 32746	<input type="checkbox"/>
MGR	BOYNTON BEACH FAITH BASED COMMUNITY DEVELO	2191 N. SEACREST BLVD.	BOYNTON BEACH, FL 33425	<input type="checkbox"/>
MGR	NEIGHBORHOOD RENAISSANCE, INC.	510-A 24TH STREET	WEST PALM BEACH, FL 33407	<input type="checkbox"/>
MGR	R.M. LEE COMMUNITY DEVELOPMENT CENTER, INC	900 N. SEACREST BLVD.	BOYNTON BEACH, FL 33425	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/19/8