

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045807

Entity Name: BAY BREEZE ADVENTURES, LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

23223 FRONT BEACH RD.
A 101
PANAMA CITY BEACH, FL 32413 US

Current Mailing Address:

23223 FRONT BEACH RD.
A 101
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

21301 PANAMA CITY BEACH PARKWAY
UNIT C
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

21301 PANAMA CITY BEACH PARKWAY
UNIT C
PANAMA CITY BEACH, FL 32413 US

FEI Number: 26-2747352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 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: CLINE, JOSEPH H
Address: 23223 FRONT BEACH RD., UNIT A 101
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: MGRM () Delete
Name: CLINE, GEORGIA C
Address: 23223 FRONT BEACH RD., UNIT A 101
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

ADDITIONS/CHANGES:

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: JOSEPH H. CLINE

VP

03/17/2009

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