

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L97000001371

1. Entity Name
GULF BREEZE ASSOCIATES LIMITED COMPANY



Principal Place of Business
25 BEACH HOMES ROAD
UNIT 25
CAPTIVA, FL 33924 US

Mailing Address
368 PASSAIC AVE
FAIRFIELD, NJ 07004

FILED
Feb 09, 2006 08:00 AM
Secretary of State



02062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3560217

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURTY, TIMOTHY J
1633 PERIWINKLE WAY, SUITE A
SANIBEL, FL 33957

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANDERSEN, DAN
368 PASSAIC AVE
FAIRFIELD, NJ 07004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANDERSON, JOHN
368 PASSAIC AVE
FAIRFIELD, NJ 07004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANDERSON, RUTH
368 PASSAIC AVE
FAIRFIELD, NJ 07004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ANDERSON, JANET
368 PASSAIC AVE
FAIRFIELD, NJ 07004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000427490
02/21/06-80009-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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 OR AUTHORIZED REPRESENTATIVE

2/6/06

973-244-1900