

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

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**

2. Principal Place of Business - No P.O. Box #
11537 Andy Rosse Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Captiva, FL

City & State

Zip
33924

Country
US

Zip

Country

01102007 Chg-LLC CR2E083 (12/06)

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**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
02/28/07-80096-016-50700 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Dan Andersen

1/16/07

973-244-1900