

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90610 046 \*\*\*\*50.00

**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

**87 FAIRFIELD ROAD  
FAIRFIELD NJ 07004**

2. Principal Place of Business

3. Mailing Address

**368 PASSAIC AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FAIRFIELD, NJ**

Zip

Country

Zip

Country

**07004**

4. FEI Number **22-3560217**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00-Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **ANDERSEN, DAN**  
STREET ADDRESS **87 FAIRFIELD ROAD**  
CITY-ST-ZIP **FAIRFIELD NJ 07004**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **ANDERSEN, DAN**  
STREET ADDRESS **368 PASSAIC AVENUE**  
CITY-ST-ZIP **FAIRFIELD, NJ 07004**

TITLE **MGRM** ☐ Delete  
NAME **ANDERSEN, JOHN**  
STREET ADDRESS **87 FAIRFIELD ROAD**  
CITY-ST-ZIP **FAIRFIELD NJ 07004**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **ANDERSEN, JOHN**  
STREET ADDRESS **368 PASSAIC AVENUE**  
CITY-ST-ZIP **FAIRFIELD, NJ 07004**

TITLE **MGRM** ☐ Delete  
NAME **ANDERSEN, RUTH**  
STREET ADDRESS **87 FAIRFIELD ROAD**  
CITY-ST-ZIP **FAIRFIELD NJ 07004**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **ANDERSEN, RUTH**  
STREET ADDRESS **368 PASSAIC AVENUE**  
CITY-ST-ZIP **FAIRFIELD, NJ 07004**

TITLE **MGRM** ☐ Delete  
NAME **ANDERSEN, JANET**  
STREET ADDRESS **87 FAIRFIELD ROAD**  
CITY-ST-ZIP **FAIRFIELD NJ 07004**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **ANDERSEN, JANET**  
STREET ADDRESS **368 PASSAIC AVENUE**  
CITY-ST-ZIP **FAIRFIELD, NJ 07004**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

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

Date

Daytime Phone #

0043673

CR2E083 (10/02)