2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004080 1. Entity Name

SUMMER BREEZE VENTURES, LLC

FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

3001 ISLAND POINT LANE, #11 STUART, FL 34996 Mailing Address

3001 ISLAND POINT LANE, #11 STUART, FL 34996



04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
31-1695022	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

LOCOCO, JOHN V 3001 ISLAND POINT LANE #11 STUART, FL 34996

SIGNATURE:

DO	NOT	W	RITE
1 1 2 11 11 1		Augustus August	ACE

£. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NCTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006		
g.	MANAGING MEMBERS/MANAGERS	to a complete of a control of the selection of the select	
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	MGRM LOCOCO, JOHN V 3601 ISLAND POINT LANE, #11 STUART, FL 34996		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		00000 05/09/06	1538337 -80052-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SP	ACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on on this report is true and accurate and that my signature shability company or the receiver or trustee empowered to execu-	rualify for the exemptions contained in Chapter 119, Florida Statutes. I all have the same legal effect as if made under oath; that I am a mar aute this report as required by Chapter 608, Florida Statutes.	further certify that the information aging member or manager of the