2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Mar 26, 2007 08:00 AM	
DOCUMENT # L99000005149 1. Entity Name DOW OF GULF BREEZE, L.L.C.			Secretary of State		
Principal Place of Business Mailing Address 969 VESTAVIA WAY 969 VESTAVIA WAY GULF BREEZE, FL 32563 GULF BREEZE, FL 32563		US			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03212007 No Chg-LLC CR2E083 (11/05) 4. FEI Number 59-3617160 5. Certificate of Status Desired CR2E083 (11/05) Applied For Not Applicable S. Certificate of Status Desired S. Certificate of St	
969 VEST	I, DANIEL O AVIA WAY EEZE, FL 32561	registara Agant		DO NOT WF IN THIS SP/	
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					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGRM WINDHAM, DANIEL O 969 VESTAVIA WAY GULF BREEZE, FL 32563 MGRM WINDHAM, CLAIRE H 969 VESTAVIA WAY GULF BREEZE, FL 32563	RS/MANAGERS		000000 04/03/07	678932 80018-016 50.00
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP THLE NAME			-	DO NOT WE IN THIS SP/	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby indicated	certify that the information supplied wit on this report is true and accurate an	h this filing does not qualify for the ex I that my signature shall have the sa	xemptions contained me legal effect as if	t in Chapter 119, Florida Statutes. I fu made under oath; that I am a manag	urther certify that the information ging member or manager of the
Imited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes SIGNATURE: ANJEL O. WIND NAME SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Days					

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