


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90129 010 ****50.00

DOCUMENT # L99000007919

1. Entity Name
BREEZEWAY REALTY, L.L.C.



Principal Place of Business 5761 NW 37TH AVE MIAMI, FL 33142	Mailing Address 5761 NW 37TH AVE MIAMI, FL 33142
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2. Principal Place of Business 13105 NW 42nd AVE.	3. Mailing Address 13105 NW 42nd AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01262005 Chg-LLC CR2E083 (10/03)

City & State Opalocha, FL	City & State Opalocha FL	4. FEI Number 65-0962171	Applied For <input type="checkbox"/> Not Applicable
Zip 33054	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOLLAND, BRIAN D 5781 NW 37TH AVE MIAMI, FL 33142		7. Name and Address of New Registered Agent Name Brian Holland Street Address (P.O. Box Number is Not Acceptable) 13105 N.W. 42nd AVE. City Opalocha FL Zip Code 33054	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHAPLIN, WAYNE E 1600 N.W. 163RD STREET MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLLAND, BRIAN 5781 N.W. 37 AVENUE HIALEAH, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Brian Holland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13105 NW 42 ave Opalocha, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **BRIAN HOLLAND** **2/1/05** **(305) 769-1110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #