

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000729

1. Entity Name
WG GULF BREEZE GP, L.L.C.



Principal Place of Business
3625 DUFFERIN STREET STE 500
DOWNSVIEW, ONTARIO, CANADA M3K 1N4

Mailing Address
3625 DUFFERIN STREET STE 500
DOWNSVIEW, ONTARIO, CANADA M3K 1N4



01122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

U00000365388
05/10/05-80009-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOFSTEDTER, THOMAS
STREET ADDRESS 3625 DUFFERIN STREET STE 500
CITY-ST-ZIP DOWNSVIEW, ONTARIO, CANADA M3K 1N4

TITLE MGR
NAME COHEN, ERIC
STREET ADDRESS 3625 DUFFERIN STREET STE 500
CITY-ST-ZIP DOWNSVIEW, ONTARIO, CANADA M3K 1N4

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #