


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000004855</b> 1. Entity Name <b>GULF BREEZE AUTOMOTIVE, LLC</b>	
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Principal Place of Business <b>1871 CRAIG LOOP HUDSON, FL 34667</b>	Mailing Address <b>1871 CRAIG LOOP HUDSON, FL 34667</b>
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01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FE Number <b>20-1697678</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GOLUBEFF, RICHARD 18918 EMERALD RIDGE DR. HUDSON, FL 34667</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

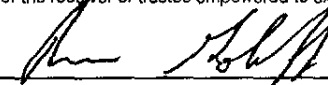
**Filing Fee is \$50.00  
Due by May 1, 2005**

1100000218844  
02/08/05-80004-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GOLUBEFF, RICHARD 18918 EMERALD RIDGE DR. HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR THOMAS CLAIR WILSON 3047 SAVANNAH OAK CIRCLE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR STYKEMAIN, JIM 643 CLINTON ST. DEFIANCE, OH 43512
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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:  **2/3/2005** **727-234-5541**

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