MAY/03/2006/WED 08:44 AM CULUMBER HOOKER FAX No. 228-

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90015 047 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002619

1. Entity Name
SEABREEZE PROPERTIES, LLC

Principal Place of Business	Mailing Address
1077 BAYVIEW AVENUE BILOXI, MS 39530	1077 BAYVIEW AVENUE BILOXI, MS 39530

04282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
5720 Ridge Rd	5720 Ridge RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocean Springs MS	City & State: Ocean Springs, MS
Zip: 39564 Country: USA	Zip: 39564 Country: USA

4. FEI Number: 20-2579788 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, G. THOMAS
510 E. ZARAGOZA STREET
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) [illegible]
City [illegible] , FL Zip Code

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 ______________________ 5-4-06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOBO, MICHAEL 2923 PRINCE GEORGE ROAD HATTIESBURG, MS 39402	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, GLENN J JR 1077 BAYVIEW AVENUE BILOXI, MS 39530	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5720 Ridge Road Ocean Springs MS 39564	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ______________________ 5/4/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #