FILED Feb 25, 2005 8:00 am Secretary of State 02-25-2005 90143 001 ***150.00

ANNUAL REPORT									
DOCUMENT # P0000093377	Γ								
1. Entity Name	ĺ								

1. Entity Name SIESTA BREAKERS REALTY, INC.											
6480 MIDNIGHT PASS RD. 6		Mailing Address 6480 MIDNIGHT PASS RD. SARASOTA, FL 34242) 	III 1771 14PU 78	11 201 1 (11 12 12 1		
2. Principal Place of Business 3.			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02182005	Chg-P	CR2E0	34 (10/03)		
City & State			City & State			4. FEI Numbe 65-108				plied For t Applicable	
Zip		Country	Zip	Country			of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current F	legistered Agent		Name	7. Name and	Address of New I	Registered A	Agent		
WELLS, KEVIN T ESQ'' THE LAW OFFICES OF LOBECK, HANSON & WELLS 2033 MAIN ST., STE. 403				-	Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA, FL 34237				-	City			FL	Zip Code	9	
	named entity ions of regist		the purpose of changing its	registered	office or regis	stered agent, or bot	h, in the State of F	lorida. I am i	familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	: Registered /	Agent signature requ	ured when reinstating)		DATE			
		FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campai Trust Fund Cont			55.00 May Be Added to Fees					
10.		OFFICERS AND (11.			CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	P HRABEAN 6480 MID	K, JOHN NIGHT PASS RD.	🔀 Delete		, ,	tesident rabeak 180 Midn Sarasa	, John	ss Rd	Change # 30	Addition 3	
CITY-ST-ZIP	SARASOTA, FL 34242			CITY-S	T-ZIP	Sarasc	40 FL	342	<u> 12 </u>		
NAME STREET ADDRESS CITY-ST-ZIP	1	EORGE NIGHT PASS RD. UNIT TA, FL 34242	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	E, BILL NIGHT PASS RD: UNIT TA, FL 34242	☐ Delete	TITLE NAME - STREET CITY-S	ADDRESS			48	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5200 OCE	, DUDLEY EAN BLVD TA, FL 34242	☐ Defete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other-like-empowered.

WILLIAM B. LAPLACE 941-349-6505 Dayume Phone *