


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90102 027 ***138.75

DOCUMENT # L04000013912

1. Entity Name
DAELAND BREEZES PARTNERS, LLC



Principal Place of Business
**4535 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33146**

Mailing Address
**4535 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33146**

60012348



2. Principal Place of Business - No P.O. Box #
1790 Coral Way

Suite, Apt. #, etc.
Suite # 101

City & State
Miami, FL

3. Mailing Address
 Suite, Apt. #, etc.

City & State

01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2342792

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Zip Country Zip Country
33145 USA

6. Name and Address of Current Registered Agent

**PADRON, CARLOS E
 2 ALHAMBRA PLAZA, SUITE 860
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FGH HOLDING, LLC 4535 PONCE DE LEON BLVD MIAMI, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BCP PROSTIGE DAELAND, LLC 4535 PONCE DE LEON BLVD MIAMI, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1790 Coral Way, Suite 101 Miami, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1790 Coral Way, Suite 101 Miami, FL 33145
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: _____ Date **2/22/08** Daytime Phone # _____