2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000010167

1. Entity Name
BREITFELLNER, LLC

Principal Place of Business	Mailing Address
54 DOLPHIN DR TREASURE ISLAND, FL 33706	P.O. BOX 47582 ST PETERSBURG, FL 33743

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3723287	Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, CHERYL B
54 DOLPHIN DR
TREASURE ISLAND, FL 33706

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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, 2007

U00000604929
01/30/07-80014-011 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	BREITFELLNER, LEOPOLD	
STREET ADDRESS	2083 SWAN LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	MGRM	
NAME	BREITFELLNER, ANNA	
STREET ADDRESS	2083 SWAN LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	MGR	
NAME	KELLY, CHERYL B	
STREET ADDRESS	54 DOLPHIN DR.	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: *Cheryl B Kelly*, MGR   1/8/07 (727)367-9474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #