

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000021824

FILED
Sep 09, 2002
Secretary of State

Entity Name: BREAKWATER DEVELOPMENT, LLC

Current Principal Place of Business:

1750 J & C BOULEVARD, SUITE #5
NAPLES, FL 34109

New Principal Place of Business:

1998 TRADE CENTER WAY
UNIT 4
NAPLES, FL 34109

Current Mailing Address:

1750 J & C BOULEVARD, SUITE #5
NAPLES, FL 34109

New Mailing Address:

1998 TRADE CENTER WAY
UNIT 4
NAPLES, FL 34109

FEI Number: 90-0009971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A ESQ
SIESKY PILON & WOOD
1000 TAMiami TRAIL NORTH, SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BRUET, MIKE
Address: 1750 J & C BOULEVARD, UNIT #5
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: COX, RICK
Address: 1750 J & C BOULEVARD, UNIT #5
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRUET, MIKE
Address: 1998 TRADE CENTER WAY UNIT 4
City-St-Zip: NAPLES, FL 34109

Title: MGR (X) Change () Addition
Name: COX, RICK
Address: 1998 TRADE CENTER WAY UNIT 4
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MIKE BRUET

MGR

09/09/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date