2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# L01000021824

Entity Name: BREAKWATER DEVELOPMENT, LLC

Current Principal Place of Business:

1998 TRADE CENTER WAY
UNIT 4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1998 TRADE CENTER WAY
UNIT 4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 90-0009971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COX, RICHARD A
C/O BREAKWATER CUSTOM HOMES, INC.
1998 TRADE CENTER WAY, #4
NAPLES, FL 34109 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:	COX, RICHARD A	
Address:	1998 TRADE CENTER WAY UNIT 4	
City-St-Zip:	NAPLES, FL 34109 US	
Title:	MGRM	( ) Delete
Name:	GOOD, RICHARD JTWROS	
Address:	7802 MULBERRY LANE	
City-St-Zip:	NAPLES, FL 34114 US	
Title:	MGRM	( ) Delete
Name:	GOOD, ANNETTA JTWROS	
Address:	7802 MULBERRY LANE	
City-St-Zip:	NAPLES, FL 34114 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: RICHARD A. COX MGR 01/15/2004

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