
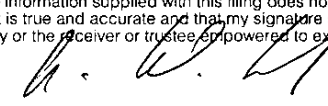


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90033 040 \*\*\*\*50.00

<b>DOCUMENT # L02000002666</b> 1. Entity Name <b>BREAKERS RESTAURANT, LLC</b>					
Principal Place of Business <b>4560 TAMiami TRAIL PORT CHARLOTTE, FL 33980</b>			Mailing Address <b>2020 TAMiami TRL PORT CHARLOTTE, FL 33948</b>		
2. Principal Place of Business - No P.O. Box # <b>23241 Bayshore Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>23241 Bayshore Drive</b> Suite, Apt. #, etc.			
City & State <b>Port Charlotte, FL</b> Zip <b>33980</b>		City & State <b>Port Charlotte, FL</b> Zip <b>33980</b>		01292007    Chg-LLC    CR2E083 (12/06)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>030383864</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AL-ARNASI, ABRAHAM 2020 TAMiami TRL PORT CHARLOTTE, FL 33948</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: 			DATE: <b>1-29-07</b>		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AL-ARNASI, ABRAHAM 4560 TAMiami TRAIL PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete			
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			
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: <b>1-29-07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					