

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021762

FILED
Jul 03, 2007
Secretary of State

Entity Name: THE BREAKWATER LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5650 RIBBON ROSE DRIVE
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

5650 RIBBON ROSE DRIVE
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 05-0828201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BENTON, JOHN M ESQ.
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

BENTON, JOHN M ESQ.
4361 WOODMERE STREET
JACKSONVILLE, FL 32210 US

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: JOHN M. BENTON

07/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENTON, JOHN M
Address: 4361 WOODMERE STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM () Delete
Name: DETHLOFF, JOSEPH G
Address: 5650 RIBBON ROSE DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: JOHN M. BENTON

MGRM

07/03/2007

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