

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000021762

1. Entity Name
THE BREAKWATER LIMITED LIABILITY COMPANY



Principal Place of Business
**5650 RIBBON ROSE DRIVE
JACKSONVILLE, FL 32258 US**

Mailing Address
**5650 RIBBON ROSE DRIVE
JACKSONVILLE, FL 32258 US**



01282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0828201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000807286
02/07/08-80002-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BENTON, JOHN M
4361 WOODMERE STREET
JACKSONVILLE, FL 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DETHLOFF, JOSEPH G
5650 RIBBON ROSE DRIVE
JACKSONVILLE, FL 32258**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

J. M. Benton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/28/2008 598-6195

Date

Daytime Phone #