


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90005 016 ****50.00

DOCUMENT # L02000024545 1. Entity Name REALITY BREAK, L.L.C.	
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Principal Place of Business 245 SWEETWATER RUN NICEVILLE, FL 32578	Mailing Address 245 SWEETWATER RUN NICEVILLE, FL 32578
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06302005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3661041	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent OWEN, DAVID A 1221 AIRPORT RD., STE. 208 DESTIN, FL 32541
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FARRELL, ANDREA 100 OAK SHORES DR. NICEVILLE, FL 32578 <i>245 Sweetwater Run Niceville, FL 32578</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODDEN, ROGER 315 SILVER OAKS CT. ROSWELL, GA 30075
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	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Andrea Farrell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>July 17.05</i> <small>Date</small>	<i>850-259-1625</i> <small>Daytime Phone #</small>
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