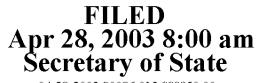
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. R



1. Entity Nam	BREAK, L.L.C.	JU24545			04-28-2003	•	3 ****50.00
Principal Plac	e of Business	Mailing Address					
109 OAK SHORES DR. NICEVILLE FL 32578		109 OAK SHORES DR. NICEVILLE FL 32578					
			_				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	e	City & State	City & State		4. FEI Number 59. 3606 104	<u> </u>	Applied For Not Applicable
Zip	Country Zip		Cour	' Sertificate of Status Desired 1 1		5.00 Additional ee Required	
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New I		gent
122	EN, DAVID A 1 AIRPORT RD., STE. 208 ITIN FL 32541	· .4°		Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code
	named entity submits this statement ions of registered agent.	nt for the purpose of changing	g its register	ed office or registe	ered agent, or both, in the State of Fi	orida. I am fa	miliar with, and accept
SIGNATORE .	Signature, typed or printed name of registered	agent and title if applicable. ((NOTE: Registere	d Agent signature requir	ed when reinstating)	DATE	
		Make Check Pay		•			
9.	MANAGING MEMBERS/MANAGERS 10.				ADDITIONS	/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANDREA FARE 109 OAK SHOR	Delete 5 De 25 78					☐ Change ☐ Addition

TIT NAI STF CITY SECRETARY ☐ Addition TITLE ☐ Delete TITLE Change ROGER RODDEN NAME NAME 315 Silver DAKS Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 30075 CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #