



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90150 043 \*\*\*\*55.00

<b>DOCUMENT # L03000005411</b> 1. Entity Name <b>BREAKWATER ADULT FAMILY CARE HOME LLC</b>					
Principal Place of Business <b>22699 BREAKWATER BLVD DUNNELLON, FL 34431</b>			Mailing Address <b>1303 NW 15TH AVE OCALA, FL 34475</b>		
2. Principal Place of Business <b>22699 S.W Breakwater Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>22699 S.W Breakwater Blvd</b> Suite, Apt. #, etc.			
City & State <b>Dunnellon, FL</b> Zip <b>34431</b>		City & State <b>Dunnellon, FL</b> Zip <b>34431</b>		Country <b>Marion</b>	
4. FCI Number <b>37-1458405</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JACOBS, VINCE L 1303 NW 15TH AVENUE OCALA, FL 34475</b>			7. Name and Address of New Registered Agent Name <b>Vince L. Jacobs</b> Street Address (P.O. Box Number is Not Acceptable) <b>22699 S.W Breakwater Blvd</b> City <b>Dunnellon</b> <b>FL</b> Zip Code <b>34431</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Vince L. Jacobs 22699 S.W Breakwater Blvd Dunnellon, FL 34431</b> <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	<b>CEO Vince L. Jacobs 22699 S.W Breakwater Blvd Dunnellon, FL 34431</b> <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	<b>Administrator Brenda Jacobs 22699 S.W Breakwater Blvd Dunnellon, FL 34431</b> <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"/> 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"/> 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"/> Delete		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 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: <b>Vince L. Jacobs</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>8-17-04 352-465-41877</b> <small>Date Daytime Phone #</small>		