## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0300005411  1. Entity Name BREAKWATER ADULT FAMILY CARE HOME LLC						08-23-2004	90150 043 ****	55.00
Principal Place of Business  22699 BREAKWATER BLVD  DUNNELLON, FL 34431  Mailing Address  1303 NW 15TH AVE  OCALA, FL 34475						Tables (all) table state sta	it som regel omt glock fisch i	PP81 111 1401
2. Principal Place of Business 22699 5.W BreekWater Blvd 22699 5.W Br			cakwah	or Blud				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07042004	Chg-ЩC	CR2E083 (10/03)	
Oity & State  Dunnelles		Dunnellon, Fl	L		4. FEI Numbe	158405	<del>                                     </del>	pplied For ot Applicable
34431	Country	34431	Countr	rion		of Status Desired	\$5.00 Ad Fee Require	
	6. Name and Address of Current				7. Name and	Address of New R	egistered Agent	
JACOBS, \	VINCE I	***		Name ///	vee L.	Jaco	bs	
1303 NW 1	15TH AVENUE	•	Ī	Street Address	(P.O. Box Numbe	er is Not Acceptable	9)	
OCALA, FL 34475				226	99 5.61	Breakly	ator Blud	
					nellon	171-11.00	FL Zip 20	e/3/
	named entity submits this statement fo	r the purpose of changing its	s registered			h, in the State of Flo	orida. I am familiar with	, and accept
SICNATURE .	or togloror od agent.				,			
SIGNATORE .	Signature, typed or printed name of registered agent	and trie if applicable. (NO	TE: Registered	Agent signature requi	ed when reinstating)		DATE	
Fil					18			
	ling Fee is \$50.00 by September 8, 2004						e check payable to a Department of Stat	e
	by September 8, 2004  MANAGING MEMBE	HS/MANAGERS	10.	***************************************	•		Department of Stat	ie .
Due b	by September 8, 2004	□ Delete For 13 I Vol	TITLE NAME	T ADDRESS		Florida	Department of Stat	ie Addition
9. DTLE NAME STREET ADDRESS	MANAGING MEMBE  President VINCEL. Jacobs 22699 S.W Breakler Dunnellow, FL 344  CEO VINCEL. Jacobs 22699 S.W Breakler Dunnellon, FL 3443	□ Delete  For Blvd  □ Delete  For Blvd	TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP T ADDRESS	, and the second	Florida	a Department of State	
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11. Thereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 19.07(3)(i), Florida Statutes. Flurther 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Junie Si Jano

HESENTATIVE

352-465-4877