

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000005411

**1. Entity Name
BREAKWATER ADULT FAMILY CARE HOME LLC**



**Principal Place of Business
22699 SW BREAKWATER BLVD
DUNNELLON, FL 34431**

**Mailing Address
22699 SW BREAKWATER BLVD
DUNNELLON, FL 34431**

DO NOT WRITE IN THIS SPACE



01272005No Chg-LLC

CR2E083 (10/03)

**4. FEI Number
37-1458405**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, VINCE L
22699 S.W. BREAKWATER BLVD
DUNNELLON, FL 34431**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

**TITLE P
NAME JACOBS, VINCE L
STREET ADDRESS 22699 S.W. BREAKWATER BLVD
CITY-ST-ZIP DUNNELLON, FL 34431**

**TITLE CEO
NAME JACOBS, VINCE L
STREET ADDRESS 22699 S.W. BREAKWATER BLVD
CITY-ST-ZIP DUNNELLON, FL 34431**

**TITLE AD
NAME JACOBS, BRENDA
STREET ADDRESS 22699 S.W. BREAKWATER BLVD
CITY-ST-ZIP DUNNELLON, FL 34431**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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04/02/05-80010-003 50.00

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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:

Vince L. Jacobs

3-23-05

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

Date

Daytime Phone #