

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2007 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**



07232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000770904
07/31/07-80005-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Jacobs

7/26/07