

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005411

FILED
Apr 06, 2009
Secretary of State

Entity Name: BREAKWATER ADULT FAMILY CARE HOME LLC

Current Principal Place of Business:

22699 SW BREAKWATER BLVD
DUNNELLON, FL 34431

New Principal Place of Business:

Current Mailing Address:

22699 SW BREAKWATER BLVD
DUNNELLON, FL 34431

New Mailing Address:

FEI Number: 37-1458405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: JACOBS, VINCE L
Address: 22699 S.W. BREAKWATER BLVD
City-St-Zip: DUNNELLON, FL 34431

Title: CEO (X) Delete
Name: JACOBS, VINCE L
Address: 22699 S.W. BREAKWATER BLVD
City-St-Zip: DUNNELLON, FL 34431

Title: AD (X) Delete
Name: JACOBS, BRENDA
Address: 22699 S.W. BREAKWATER BLVD
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: JACOBS, VINCE L
Address: 22699 S.W. BREAKWATER BLVD
City-St-Zip: DUNNELLON, FL 34431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

CEO

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date