

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039015

Entity Name: BREAKOUT, L.L.C.

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

4756 N.W. 167TH ST.
MIAMI, FL 33014

New Principal Place of Business:

6175 NW 167 ST.
SUITE, G-14
MIAMI LAKES, FL 33015

Current Mailing Address:

4756 N.W. 167TH ST.
MIAMI, FL 33014

New Mailing Address:

6175 NW 167 ST.
SUITE, G-14
MIAMI LAKES, FL 33015

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENZIE, EMANUEL J
4756 N.W. 167TH ST.
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

MCKENZIE, EMANUEL J
6175 NW 167 ST.
SUITE, G-14
MIAMI, FL 33015 US

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: E. J. MCKENZIE

01/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCKENZIE, KATHY L
Address: 4756 N.W. 167TH ST.
City-St-Zip: MIAMI, FL 33014

Title: MGR () Delete
Name: MCKENZIE, EMANUEL J
Address: 4756 N.W. 167TH ST.
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCKENZIE, KATHY L
Address: 6175 NW 167TH ST. SUITE, G-14
City-St-Zip: MIAMI LAKES, FL 33015

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

I hereby certify that the information supplied with this filing does not qualify for the 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: E. J. MCKENZIE

PRES

01/12/2007

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