2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/24

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-24-2004 90528 011 ****50.00

DOCUMENT # L03000049692

1. Entity Name
THE BREAKS OF JACKSONVILLE, LLC

Principal Place of Business	Mailing Address
1872 HICKORY LANE ATLANTIC BEACH, FL 32233	1872 HICKORY LANE ATLANTIC BEACH, FL 32233

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

05062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 87-0714680 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCEMILLER, JOHN 333 FIRST ST. N, STE. 305 JACKSONVILLE BEACH, FL 32250	Name: Eric Sadler Street Address (P.O. Box Number is Not Acceptable): 1872 Hickory Lane City: Atlantic Beach FL Zip Code: 32233

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: Eric Sadler
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 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: SADLER, ERIC STREET ADDRESS: 1872 HICKORY LANE CITY-ST-ZIP: ATLANTIC BEACH, FL 32233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: WILSON, ED STREET ADDRESS: 5327 PLAYA WAY CITY-ST-ZIP: JACKSONVILLE, FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Eric Sadler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #