

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049692

FILED  
Apr 17, 2005  
Secretary of State

**Entity Name:** THE BREAKS OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

1872 HICKORY LANE  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

2593 MAYPORT ROAD  
103,104,105  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

1872 HICKORY LANE  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 87-0714680      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SADLER, ERIC  
1872 HICKORY LANE  
ATLANTIC BEACH, FL 32233      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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SADLER, ERIC  
Address: 1872 HICKORY LANE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGRM ( ) Delete  
Name: WILSON, ED  
Address: 5327 PLAYA WAY  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: WILSON, ED  
Address: 1401 11TH AVE N  
City-St-Zip: JACKSONVILLE, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC T. SADLER

CEO

04/17/2005

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