

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90064 004 ***138.75



DOCUMENT # L04000063282

1. Entity Name
BREAKWATER CONSTRUCTION, LLC

Principal Place of Business
**256 ALGIERS DR
VENICE, FL 34293**

Mailing Address
**4195 TAMiami TRl S
PMB 147
VENICE, FL 34293**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

22-3902715

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PEARSON, GREGG M
113 SANDHURST DRIVE
VENICE, FL 34293**

Name **Gregg Pearson**

Street Address (P.O. Box Number is Not Acceptable)

256 Algiers Dr.

City **Venice**

FL

Zip Code **34293**

8. The above named entity admits 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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PEARSON, GREGG M	
STREET ADDRESS	256 ALGIEVS DR	
CITY-ST-ZIP	VENICE, FL 34293	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gregg Pearson	
STREET ADDRESS	256 Algiers Dr.	
CITY-ST-ZIP	Venice FL 34293	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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