

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027979

Entity Name: BREAKAWAY DAY LLC

FILED  
Mar 16, 2007  
Secretary of State

**Current Principal Place of Business:**

1419 REYNOLDS STREET  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

1419 REYNOLDS STREET  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 20-2563698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZENSINGER, DAVID J  
1419 REYNOLDS STREET  
KEY WEST, FL 33040 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: MGRM ( ) Delete  
Name: ZENSINGER, DAVID J  
Address: 1419 REYNOLDS STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: ZENSINGER, MARCIA F  
Address: 1419 REYNOLDS STREET  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DJZ LIVING TRUST DAT, ED 2/23/2007  
Address: 1419 REYNOLDS STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change ( ) Addition  
Name: MFZ LIVING TRUST DAT, ED 2/23/2007  
Address: 1419 REYNOLDS STREET  
City-St-Zip: KEY WEST, FL 33040

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: DAVID J. ZENSINGER

MGRM

03/16/2007

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