


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006 8:00 am
Secretary of State

06-13-2006 90103 005 ****50.00

07-05-2006 90104 005 *****5.00

DOCUMENT # L05000118115					
1. Entity Name BREAK AWAY MOMENTS LLC					
Principal Place of Business 1187 LE MESA AVENUE WINTER SPRINGS, FL 32708			Mailing Address 1187 LE MESA AVENUE WINTER SPRINGS, FL 32708		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	06052006 Chg-LLC CR2E083 (11/05) 4. FEI Number 84-1699465 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ISAACS, SANDRA 1187 LE MESA AVENUE WINTER SPRINGS, FL 32708				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 8, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISAACS, SANDRA		NAME		
STREET ADDRESS	1187 LA MESA AVENUE		STREET ADDRESS		
CITY- ST- ZIP	WINTER SPRINGS, FL 32708		CITY- ST- ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON-MARTIN, JENNIFER		NAME		
STREET ADDRESS	10803 TARPON SPRINGS RD		STREET ADDRESS		
CITY- ST- ZIP	ODESSA, FL 33556		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 <u>Sandra Isaacs</u>			Date <u>6/6/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		



ATTACHMENT

20047596

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2006

BREAK AWAY MOMENTS LLC
1187 LE MESA AVENUE
WINTER SPRINGS, FL 32708

Subject: **BREAK AWAY MOMENTS LLC**

Reference Number: **L05000118115**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

I have now included the FEI # as requested along with the
After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION

order to receive a certificate of status!

*Thank You
Sandra L. Isaac
7/6/06*