


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 07, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000118115</b>                  |  |
| 1. Entity Name<br><b>BREAK AWAY MOMENTS LLC</b> |   |

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|---|---|
| Principal Place of Business<br><b>1187 LE MESA AVENUE<br/>WINTER SPRINGS FL 32708</b> | Mailing Address<br><b>1187 LE MESA AVENUE<br/>WINTER SPRINGS FL 32708</b> |
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| 2. Principal Place of Business - No P.O. Box #<br><b>1187 La Mesa Ave</b><br>Suite, Apt. #, etc.<br><b>N/A</b> | 3. Mailing Address<br><b>1187 La Mesa Ave</b><br>Suite, Apt. #, etc.<br><b>N/A</b> |
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2nd MOORE CR2E083 (4/07)

|   |   |
|---|---|
| City & State<br><b>Winter Springs, FL</b> | City & State<br><b>Winter Springs, FL</b> |
| Zip<br><b>32708</b>                       | Zip<br><b>32708</b>                       |
| Country<br><b>USA</b>                     | Country<br><b>USA</b>                     |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>84-1699465</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired<br><b>Not desired personally</b> | \$5.00 Additional Fee Required<br><input checked="" type="checkbox"/> |
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|--|--|
| 6. Name and Address of Current Registered Agent<br><b>ISAACS, SANDRA<br/>1187 LE MESA AVENUE<br/>WINTER SPRINGS FL 32708</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br><b>N/A - No changes</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>FL</b> Zip Code |  |

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| 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. <b>SANDRA ISAACS</b> |  |
| SIGNATURE <b>Sandra Isaacs</b><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  | DATE <b>8/15/07</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By September 5, 2007</b> |  |
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| 9. MANAGING MEMBERS/MANAGERS                       |   | 10. ADDITIONS/CHANGES                              |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>ISAACS, SANDRA<br/>1187 LA MESA AVENUE<br/>WINTER SPRINGS FL 32708</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>U00000773559<br/>09/07/07-80004-005 50.00</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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.

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| SIGNATURE: <b>Sandra Isaacs</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | DATE <b>8/15/07</b><br><small>Daytime Phone # <b>(321) 439-55</b></small> |
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