FILED
May 10, 2007 8:00 am
Secretary of State
04-16-2007 90339 025 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000120780

1. Entity Name
BREAKWATER PARTNERS, LLC

30007330

Principal Place of Business	Mailing Address
P.O. BOX 448 PLACIDA, FL 33946	~~99 NESBIT STREET, C/O DAVID HOLMES~~ ~~FARR, FARR, EMERICH, HACKETT~~ ~~PUNTA GORDA, FL 33950~~

02262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	480 N. River Rd Suite, Apt. #, etc.
City & State	Venice FL City & State
Zip / Country	34293 / Country USA

4. FEI Number ~~APPLIED FOR~~ 20-4123787 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. **Name and Address of Current Registered Agent**

HOLMES, DAVID A
99 NESBIT STREET
FARR, FARR, EMERICH, HACKETT
PUNTA GORDA, FL 33950

7. **Name and Address of New Registered Agent**

Name John E. Brandenberger
Street Address (P.O. Box Number is Not Acceptable)
480 N. River Rd.
City Venice FL Zip Code 34293

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 John Brandenberger 4/2/07 DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRANDENBERGER, JOHN E P. O. BOX 448 PLACIDA, FL 33946	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: John Brandenberger 4/2/07 941-697-4722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

IRS Department of the Treasury
Internal Revenue Service
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

ATTACHMENT

In reply refer to: 0134148116
Apr. 19, 2007 LTR 147C 0
20-4123787 000000 00 000
00002364
BODC: SB

30007336
#L05000120780

BREAKWATER PARTNERS LLC
JOHN BRANDENBERGER MANAGER MBR
PO BOX 448
PLACIDA FL 33946-0448487

019082

Employer Identification Number: 20-4123787

Dear Taxpayer:

Thank you for the inquiry dated Apr. 10, 2007.

We found an Employer Identification Number for your entity on our system, therefore we will not be validating the EIN you applied for on our internet web site. Please use the following EIN already assigned to your entity: 20-4123787.

Be sure to notify all organizations (e.g. other government agencies, financial institutions, third party payers, etc.) of your correct EIN, especially those to whom you provided the now-cancelled number.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )_____ Hours_____