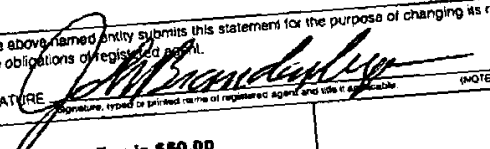
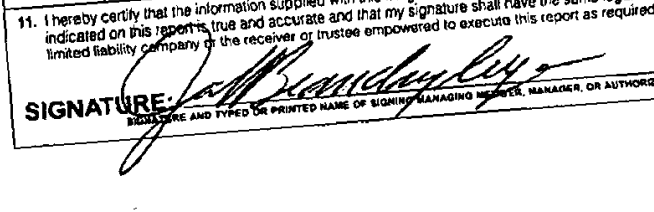


FILED  
May 10, 2007 8:00 am  
Secretary of State

04-16-2007 90339 025 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # L05000120780                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                               |  |
| 1. Entity Name<br>BREAKWATER PARTNERS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |  |
| Principal Place of Business<br>P.O. BOX 448<br>PLACIDA, FL 33946                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Mailing Address<br>99 NESBIT STREET, C/O DAVID HOLMES<br>FARR, FARR, EMERICH, HACKETT<br>PUNTA GORDA, FL 33950 |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 3. Mailing Address<br>480 N. River Rd                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Suite, Apt. #, etc.                                                                                            |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | City & State<br>Venice, FL                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Zip<br>34293                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Country<br>USA                                                                                                 |  |
| 4. FEI Number<br>20-4123787                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Applied For<br>Not Applicable                                                                                  |  |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Fee Required<br>\$5.00                                                                                         |  |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                |  |
| Name<br>John E. Brandenberger                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                |  |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                |  |
| 480 N. River Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |  |
| City<br>Venice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | FL 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<br>                                                                                                                                                                                                                                                                                                                                                                                                         |  | DATE<br>4/2/07                                                                                                 |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Make check payable to<br>Florida Department of State                                                           |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 10. ADDITIONS/CHANGES                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                 |  |
| MGR<br>BRANDENBERGER, JOHN E<br>P.O. BOX 448<br>PLACIDA, FL 33946                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                |  |
| Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change Addition                                                                                                |  |
| Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change Addition                                                                                                |  |
| Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change Addition                                                                                                |  |
| Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change Addition                                                                                                |  |
| Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change Addition                                                                                                |  |
| Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Change Addition                                                                                                |  |
| Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 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<br>                                                                                                                                                                                                                                                                                                                                                                                                         |  | DATE<br>4/2/07 941-647-9722                                                                                    |  |
| Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 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

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BODC: SB

30007336

#L05000/20780

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 \_\_\_\_\_