

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121149

FILED
Jun 15, 2009
Secretary of State

Entity Name: BREAKWATER BOATS AND YACHTS, LLC

Current Principal Place of Business:

8245 SW 174TH TERRACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

8245 SW 174TH TERRACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 20-4015230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PLYMPTON, DAVID MANAGER
8245 SW 174TH TERRACE
MIAMI, FL 33157 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: PLYMPTON, DAVID
Address: 8245 SW 174TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: PAULA, PLYMPTON
Address: 8245 SW 174TH TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLYMPTON, DAVID P
Address: 8245 SW 174TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: MGRM (X) Change () Addition
Name: PAULA, PLYMPTON S
Address: 8245 SW 174TH TERRACE
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify 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 PLYMPTON

P

06/15/2009

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