2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 29, 2008 8:00 am
Secretary of State
03-31-2008 90388 001 ***267.50
04-29-2008 90031 035 ****10.00

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1. Entity Name
BRECKENRIDGE INVESTMENT, LC

60031729

Principal Place of Business	Mailing Address
213 LINKSIDE CIRCLE PONTE VEDRA BEACH, FL 32082	213 LINKSIDE CIRCLE PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

02162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
88-0444878
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLSTER, RUTH P
209 LINKSIDE CIRCLE
PONTE VEDRA BEACH, FL 32082

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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.

SIGNATURE: X Ruth P. Polster
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	POLSTER, LEIGH B
STREET ADDRESS	213 LINKSIDE CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGRM
NAME	POLSTER, ROBERT W
STREET ADDRESS	213 LINKSIDE CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert W Polster 3/18/08 904.273-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #