## 2007'LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT #L06000041186



**FILED** Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90035 015 \*\*\*\*50.00

BREAKWATER CAPITAL GROUP II, LLC							04-20-2007	,0033 01		<i>3.</i> 00
Principal Ptace of Business 6162 SEA GRASS LANE NAPLES, FL 34116		Mailing Address 6162 SEA GRASS LANE NAPLES, FL 34116		1 A CL LO CO	'ara aira abin bun cah	1 our (1991) kur		18 d 22		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192007	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State			4. FEI Number 2.0 –	4730143			pplied For at Applicable	
Zip		Country	Zip	Country	y	Γ	of Status Desired		5.00 Add ee Required	
6. Name and Address of Current R			agistered Agent			7. Name and Address of New Registered Agent				
					Name					
SILIC, QUENTIN 6162 SEA GRASS LN NABILES EL 24116					Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, FL 34116					· ·					
;			City		City	<del>.</del>		FL	Zip Code	ė
	named entit		r the purpose of changing its	s registered	d office or register	red agent, or both	n, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agents	and title if applicable. (NO	TE: Registered /	Agent signature required	(भोजा त्रशास्त्रांग्यु)		DATE		<u> </u>
Filing Fee is \$50.00 Due by May 1, 2007										
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	iling Fee ue by Ma	y 1, 2007	RS/MANAGERS	10.			Florida	Departme	-	<b></b>
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9. TITLE NAME	MGRM ISSACHA 6162 SEA	MANAGING MEMBE AR MANAGEMENT GRO	Delete	TITLE NAME			Florida	<b>Departme</b> CHANGES	nt of State	
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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. Quentu M. Silic Man 4-19-07 239-352-9939

SIGNATURE: MAN TYPED OR PRINTED HAVE OF STORING MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #