2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT



DOCUMENT # L07000043131

FILED Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90264 042 ***138.75

1. Entity Nam BREAKW	e ATER C	APITAL GROUP III,	LLC				00040	400	
Principal Place of Business 6162 SEA GRASS LANE NAPLES, FL 34116 US			Mailing Address 6162 SEA GRASS LANE NAPLES, FL 34116 US		· .	60018			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03072008	Chg-LLC	CR2E083 (12/0	06)	
City & State			City & State		4. FEI Numbe 20 – 88	92150		Applied For Not Applicable	
Zip	p Country		Zip Country		try	5. Certificate	of Status Desired	□ \$5.00 Fee Req	Additional ulred
	6. Name	and Address of Current	Registered Agent	stered Agent 7. Nam			Address of New R	egistered Agent	
					Name				1
SILIC, QUI 6162 SEA NAPLES, I	GRASS L				Street Address (P.O. Box Number is Not Acceptable)				
INAL ELO, I	2 34110								
					City FL Zip Code				
	named entitions of regist		r the purpose of changing its	s register	ed office or registe	ered agent, or bo	th, in the State of Flo	onda. Iam familiar v	vith, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and the if applicable. (NO	TE. Registere	d Agent signature require	d when reinstating)		DATE	-
		FEE IS \$138.75 Fee will be \$538.75					Make check payable to Florida Department of State		
		· •				Ì		i Department of a	
9.		MANAGING MEMBE		10.			ADDITIONS/		
	MGRM	MANAGING MEMBE	RS/MANAGERS	10.	E	<u></u>			
9. TITLE NAME		MANAGING MEMBE	RS/MANAGERS		l l			CHANGES	
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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.

I NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

239-352-9939