## FILF, NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE										FILED						
ANNUAL REPORT 1997						Secretary of State DIVISION OF CORPORATIONS					97 MAY -2 AM 10: 53					
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE											SECRETARY OF STATE TALLAHASSEE, FLORIDA					
1. Name and Mailing Address of Limited Liability Company  DOCUMENT # 19500000503										MILLAMASSEE, FLORIDA						
										1s. Principal Place of Business Address						
BREAKSTONE SW, L.C. 1031 N MIAMI BEACH BLVD.										1031 N MIAMI BEACH BLVD.						
N MIAMI BEACH FL 33162											N MIAMI BEACH FL 33162					
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.																
2 Principal Place of Business 2a. Mailir						ng Address				3. Date Organized or Qualified			3a. State of Formation			
Suite, Apt. #, etc. Suite, Apt					, #, etc.					06/30	. <del>.</del>	95	FL The state of th			
City & State City & Sta					ite				65-05	10			pplied For lot Applicable			
										B. Date of			6. Certifica	ш	atus Desired	
Zip	Country			Zip			Countr	ry		03/27/1996			S8 75 Add houal Fee Required			
	7. Name	and Addre	ess of Current R	egistered	Agent			Name				es of New Ro	gistered Ag	jent		
WOLF, JORGE I ESQ																
1031 N MIAMI BCH BLVD N MIAMI BCH FL 33162						Street Address (I				P.O. Box Number is Not Acceptable)						
W MARKE BOIL RE 33102						Suite, Apt. #, etc				2.						
						City				Zip Code						
								Oily				FL	Lip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																
SIGNATU	RE	OTE Projeto	od bo	ent pinnahur	e reculred	when reinclotin	0)	D	ATE							
(Registered Agent Accepting Appointment) (h  10. Title Managing Members/Managers						OTE. Registered Agent signature required when reinstating  Business Street Address					City, State and Zip Co					
MGRM	SILVERMAN, ANDREW				1031 N MIAMI B				BEACH	BLVD.		MIAM R	BEAC	H F	Ĺ	
MGRM	WOLF, ENRIQUE				1031	N	MIA	MI I	BEACH	BLVD.		MIAM	BEAC	H F	Ĺs	
MGRM	DESIGN VENTURES, INC.				1031	N	MIAI	MI I	BEACH	BLVD.		MAIM P	BEAC	H F	i.	
MEM	BREAKS	TONE	ASSOCIA	TE,	1031	N	MIAI	MI I	BEACH	BLVD,		MAIM N	BEAC	H F	Li .	
MEM	BREAKS	TONE	INVESTM	EN,	1031	N	IAIM	MI I	BEACH	BLVD		MAIM N	BEAC	H F	Ĺ	
												-05/06 ****2	1/970 03.75 136	1155 *** -7-	*203.75 -97	
11. Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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 emporered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on a statechment with an address.												anager of the				
CICN	ATLIDE	<u>.</u> . /	/ / .	. Ac		-	4	1	-			4/25	197			

Daytime Phone #