

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046490

FILED
Apr 28, 2009
Secretary of State

Entity Name: GREATER BREVARD INDIAN RIVER ACCOUNTING, LLC

Current Principal Place of Business:

5270 FISHERMAN LANE
GRANT, FL 321416208

New Principal Place of Business:

Current Mailing Address:

3030 JUNIPER DR.
EDGEWATER, FL 32949

New Mailing Address:

FEI Number: 20-8943111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIOVANNONI, JOHN M EA CMA
3030 JUNIPER DR.
EDGEWATER, FL 321416208 US

Name and Address of New Registered Agent:

POLING, DONNA J EA
3030 JUNIPER DR.
EDGEWATER, FL 321416208 US

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: DONNA J POLING EA

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE WASHINGTONIAN GROUP INC
Address: 3030 JUNIPER DR
City-St-Zip: EDGEWATER, FL 321416208 US

Title: MGRM () Delete
Name: GIOVANNONI, JOHN M EA CMA
Address: 3030 JUNIPER DR
City-St-Zip: EDGEWATER, FL 321416208 US

Title: MGRM () Delete
Name: WILLMAN, DEBRA A ABA
Address: 5270 FISHERMAN LANE
City-St-Zip: GRANT, FL 32949 US

Title: MGR () Delete
Name: POLING, DONNA J EA
Address: 3030 JUNIPER DR
City-St-Zip: EDGEWATER, FL 321416208 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA J POLING

MGR

04/28/2009

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