

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035840

FILED
Apr 30, 2009
Secretary of State

Entity Name: CASTLE RENOVATIONS OF BREVARD, LLC

Current Principal Place of Business:

794 WASHBURN ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

794 WASHBURN ROAD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEARS, SUSAN
756 ASHBURY AVENUE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEARS, SUSAN
Address: 756 ASHBURN AVENUE
City-St-Zip: MELBOURNE, FL 32940

Title: MGR () Delete
Name: YOUNG, BRIAN R
Address: 5500 WILLOUGHBY DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: MGR () Delete
Name: GOVER, KEITH
Address: 5228 HESSEL COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR () Delete
Name: VOGEL, JAKE
Address: 3069 COPPOLA WAY
City-St-Zip: VIERA, FL 32955

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: BRIAN R. YOUNG

MGR

04/30/2009

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