



**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000000182</b> 1. Entity Name <b>BREVARD GI ASSOCIATES, LLC</b>			
Principal Place of Business <b>1257 FLORID AVE. ROCKLEDGE, FL 32955</b>		Mailing Address <b>1257 FLORID AVE. ROCKLEDGE, FL 32955</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04192005 No Chg-LLC      CR2E083 (10/03)	
		4. FEI Number <b>20-0931799</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BAUGHAN, SCOTT M ESQ JOHNSON &amp; BAUGHAN, PA 1290 FEDERAL HWY ROCKLEDGE, FL 32959</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AGUILO-SEARA, FRANCISCO 629 ROCKLEDGE DR ROCKLEDGE, FL 32955		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOMEZ, REZ L 1273 S FLORIDA AVE ROCKLEDGE, FL 32955		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LACANO, ABELARDO V 300 FORTENBERRY RD MERRITT ISLAND, FL 32952		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOBKES, ANDREW I 1257 FLORIDA AVE ROCKLEDGE, FL 32955		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEBER, RICHARD J 1007 BEVERLY DR ROCKLEDGE, FL 32955		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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			
SIGNATURE: <u>Francisco Aguiló-Seara</u> Date: <u>4/19/05</u> Daytime Phone #: <u>321 433-3000</u>			