

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90143 035 ****50.00

DOCUMENT # L04000000182

1. Entity Name
BREVARD GI ASSOCIATES, LLC



Principal Place of Business Mailing Address
1974 ROCKLEDGE BLVD (US1) 1974 ROCKLEDGE BLVD (US1)
SUITE 102 SUITE 102
ROCKLEDGE, FL 32955 ROCKLEDGE, FL 32955

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0931799 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUGHAN, SCOTT M ESQ
JOHNSON & BAUGHAN, PA
1290 FEDERAL HWY
ROCKLEDGE, FL 32959

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Baughan, Scott M Esq.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALGUILO SEARA, FRANCISCO	
STREET ADDRESS	1974 ROCKLEDGE DRIVE SUITE 102	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEBER, RICHARD J	
STREET ADDRESS	1974 ROCKLEDGE DRIVE SUITE 102	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LACANO, ABELARDO V	
STREET ADDRESS	300 FORTENBERRY RD	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TOBKES, ANDREW I	
STREET ADDRESS	1974 ROCKLEDGE DRIVE SUITE 102	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	WEBER, RICHARD J	
STREET ADDRESS	1974 ROCKLEDGE DRIVE SUITE 102	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	→ 1974 Rockledge Blvd. Suite 102	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	→ 1974 Rockledge Blvd. Suite 102	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	→ 1974 Rockledge Blvd. Suite 102	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gomez, Rex L	
STREET ADDRESS	1974 Rockledge Blvd. Suite 102	
CITY-ST-ZIP	Rockledge, FL 32955	

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.

SIGNATURE: Richard J. Weber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/20/07

321 632/520

Date

Daytime Phone #