


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90224 031 ***138.75

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DOCUMENT # L04000000182			
1. Entity Name BREVARD GI ASSOCIATES, LLC			
Principal Place of Business 1974 ROCKLEDGE BLVD (US1) SUITE 102 ROCKLEDGE, FL 32955		Mailing Address 1974 ROCKLEDGE BLVD (US1) SUITE 102 ROCKLEDGE, FL 32955	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1007 BEVERLY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ROCKLEDGE, FL	
Zip	Country	Zip 32955	Country
03132008		Chg-LLC	
CR2E083 (12/06)		4. FEI Number 20-0931799	
Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAUGHAN, SCOTT M ESQ JOHNSON & BAUGHAN, PA 1290 FEDERAL HWY ROCKLEDGE, FL 32959		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALGUILO SEARA, FRANCISCO 1974 ROCKLEDGE BLVD SUITE 102 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JIAN-JUN CHEN 1905 SYKES CREEK DR MERRITT ISLAND, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBER, RICHARD J 1974 ROCKLEDGE BLVD SUITE 102 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM F. RYLANDER 1226 RIVERSIDE DR. TITUSVILLE, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACANO, ABELARDO V 300 FORTENBERRY RD MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOBKES, ANDREW I 1974 ROCKLEDGE BLVD SUITE 102 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, REX L 1974 ROCKLEDGE BLVD SUITE 102 ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Richard J. Weber</u> <u>Richard J. Weber</u> <u>4/2/08</u> <u>3216321520</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____			