

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90381 033 ****50.00

DOCUMENT # L00000009721	
1. Entity Name BREVARD CROSSINGS, LLC	



Principal Place of Business 2507 NW 59 St Boca Raton, FL 33486	Mailing Address
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20022117

2. Principal Place of Business 71 Cache Cay Drive	3. Mailing Address 71 Cache Cay Drive
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Vero Beach, FL	City & State Vero Beach, FL
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Zip 32963	Country	Zip 32963	Country
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03142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1034163	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ROSETTO & ASSOCIATES LLC 4958 SW 21ST AVE 1384 Thatch Palm Drive BOCA RATON, FL 33486 Boca Raton, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANOR, G. RICHARD 2507 NW 59 Street Boca Raton, FL 334962224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	p Hanor, G. Richard 71 Cache Cay Drive Vero Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <i>G. Richard Hanor</i>	Date: 3/14/05	Daytime Phone #: 772 538 6505
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