


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000021169 1. Entity Name FAMILY FUN OF BREVARD, L.L.C.	
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Principal Place of Business 2774 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	Mailing Address 3490 KENT DRIVE MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



01192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0565781	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 BORENGASSER, MARCUS OWNER 3490 KENT DRIVE MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

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>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BORENGASSER, MARCUS 3490 KENT DRIVE MELBOURNE, FL 32935
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04/28/05-80089-014 50.00

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>Marcus Borengasser</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4/25/05 <small>Date</small>	321 242-6336 <small>Daytime Phone #</small>
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