

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90236 027 ***138.75

DOCUMENT # L02000003350

1. Entity Name
BREVARD HOTEL ASSOCIATES, LLC



Principal Place of Business
**5600 STATE ROAD 524
COCOA, FL 32926**

Mailing Address
**P.O. BOX 321534
COCOA BEACH, FL 32932**

60014064



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

74-3027600

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURKE, MATTHEW T CPA
503 N. ORLANDO AVE
SUITE #106
COCOA BEACH, FL 32931**

Name

MATTHEW T. BURKE CPA

Street Address (P.O. Box Number is Not Acceptable)

Cape Royal Office Building

Suite 707

City

1980 N. Atlantic Avenue

Cocoa Beach, FL 32931-5275

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

Matthew T. Burke

CPA

2/24/08

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **MGR** ☐ Delete
NAME **PARSONS, WILLIAM ROGER**
STREET ADDRESS **930 S HARBOR CITY BLVD STE 505**
CITY-ST-ZIP **MELBOURNE, FL 32901**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

William R. Parsons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/03/08 321-323-5007

Date

Daytime Phone #