

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005413

1. Entity Name  
REAL ESTATE SOLUTIONS OF BREVARD, L.L.C.



FILED

2003 DEC -4 PM 1:15

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business 510 INVERNESS AVE. MELBOURNE FL 32940 <i>ALTA</i> <i>25-0960-9977</i>		Mailing Address 510 INVERNESS AVE. MELBOURNE FL 32940	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 03-047977	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOSTRO, VICTOR S ESQ. 1825 RIVERVIEW DR. MELBOURNE FL 32901		7. Name and Address of New Registered Agent Name: CURTIS FLYNN Street Address (P.O. Box Number is Not Acceptable): 510 INVERNESS AV City: MELBOURNE FL Zip Code: 32940	
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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: *[Signature]* CURTIS FLYNN DATE: 10/22/03  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
 Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: FLYNN, CURTIS STREET ADDRESS: 510 INVERNESS AVE. CITY-ST-ZIP: MELBOURNE FL 32940	<input type="checkbox"/> Delete	TITLE: PRESIDENT NAME: FLYNN, CURTIS STREET ADDRESS: 510 INVERNESS AVE. CITY-ST-ZIP: MELBOURNE FL 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Secy / TREASURER NAME: FLYNN, CAROL STREET ADDRESS: 510 INVERNESS AV CITY-ST-ZIP: MELBOURNE FL 32940	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**COPY**

12/04/03- 01003--032 \*\*150.00  
 700025200997  
 12/04/03 - 01003--032 \*\*150.00

**REINSTATEMENT 2003**

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: *[Signature]* DATE: 10/23/03 DAYTIME PHONE #: 3216264335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE