

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000008939

1. Entity Name

LIBERTY DEVELOPMENT OF BREVARD, LLC



Principal Place of Business

1269 U.S. 1
ROCKLEDGE, FL 32955

Mailing Address

1269 U.S. 1
ROCKLEDGE, FL 32955



04062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0558458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 S.W. 22ND STREET, 4TH FLOOR
MIAMI, FL 33145

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RAHAL, NICK N
STREET ADDRESS	1269 U.S. 1
CITY - ST - ZIP	ROCKLEDGE, FL 32955
TITLE	MGR
NAME	MACIK, JOSEPH J
STREET ADDRESS	1269 U.S. 1
CITY - ST - ZIP	ROCKLEDGE, FL 32955
TITLE	S
NAME	RAHAL, MELISSA M
STREET ADDRESS	1269 U.S. 1
CITY - ST - ZIP	ROCKLEDGE, FL 32955
TITLE	T
NAME	MACIK, JONI KAY
STREET ADDRESS	1269 U.S. 1
CITY - ST - ZIP	ROCKLEDGE, FL 32955
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/27/05-80140-012 50.00

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IN THIS SPACE**

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

Date

Daytime Phone #

4-20-05 321-633-0440