


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # L03000008939 1. Entity Name LIBERTY DEVELOPMENT OF BREVARD, LLC	
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Principal Place of Business 1269 U.S. 1 ROCKLEDGE, FL 32955	Mailing Address 1269 U.S. 1 ROCKLEDGE, FL 32955
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DO NOT WRITE IN THIS SPACE



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 05-0558458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

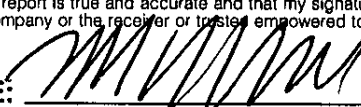
**Filing Fee is \$50.00
Due by May 1, 2007**

U00000585280
01/16/07-80004-023 50.00

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

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IN THIS SPACE**

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:  **1/8/07** **321.633.0440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #