

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000025650**

1. Entity Name  
**BREVARD BUSINESS PARTNERS, L.L.C.**



Principal Place of Business

**1090 N. HIGHWAY A1A  
INDIALANTIC, FL 32903**

Mailing Address

**1090 N. HIGHWAY A1A  
INDIALANTIC, FL 32903**



01142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0474540**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HEALY, PATRICK F ESQ  
1800 WEST HIBISCUS BLVD, STE 138  
MELBOURNE, FL 32901**

**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**

000000211922  
02/03/05-80008-009 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEMAN, PERRY J 1090 N. HIGHWAY A1A INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PADGETT, DOUGLAS W 1675 S. JOHN RODERS BLVD. MELBOURNE, FL 32904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 #

1/27/05

321-723-4747