

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025650

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1090 N. HIGHWAY A1A  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 336697  
INDIALANTIC, FL 32903

**New Mailing Address:**

PO BOX 33697  
INDIALANTIC, FL 32903

**FEI Number:** 20-0474540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEALY, PATRICK F ESQ  
1795 W. NASA BLVD.  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRT  
**Name:** COLEMAN, PERRY J  
**Address:** 1090 N. HIGHWAY A1A  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** MGRS  
**Name:** GODWIN, JEFFERY S  
**Address:** 4020 S. BABOCK ST.  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** P  
**Name:** GODWIN, M C  
**Address:** 1084 S FORK CIRCLE  
**City-St-Zip:** MELBOURNE, FL 32901

**Title:** D  
**Name:** COLEMAN, BETTY J TTEE  
**Address:** P.O. BOX 33697  
**City-St-Zip:** INDIALANTIC, FL 32903

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** PERRY J COLEMAN JR

MGRT

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date