2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L03000029633 02-18-2005 90131 040 ****50.00 1. Entity Name **REAL ESTATE BREVARD LLC** Principal Place of Business Mailing Address 110 S. COURTENAY PKWY 110 S. COURTENAY PKWY. SUITE 1 MERRITT ISLAND FL 32952 MERRIT ISLAND FL 32952 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) Applied For City & State 4. FEI Number City & State 52-2440251 Not Applicable \$5.00 Additional Country Ζiρ Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent SPURLOCK, NEAL P II Street Address (P.O. Box Number is Not Acceptable) 110 S. COURTENAY PKWY. SUITE 1 **MERRITT ISLAND FL 32952** Zip Code City 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 Fjorida. I am familiar with, and accept the obligations of registered ager 2005 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. DUE ☐ Change ☐ Addition MGR MILE ☐ Delete NAME NAME SPURLOCK II, NEAL P STREET ADDRESS 110 S. COURTENAY PKWY. STREET ADDRESS CITY ST 7P CITY-ST-ZIP MERRITT ISLAND FL 32952 Change ■ Addition DILLE Oeteta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Chance ☐ Addition ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-71P. CITY-ST-ZIP ☐ Change Addition Delets TITLE UTLE MAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-SI-7P Change Addition HITLE ☐ Octab TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- DP CITY-ST-ZIP Chance Addition THILE ☐ Deteb HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7/P 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 cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 17, 2005 8:00 am

new signature