

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90181 038 \*\*\*\*50.00

**DOCUMENT # L03000029633**

1. Entity Name  
**REAL ESTATE BREVARD LLC**



Principal Place of Business  
110 S. COURTENAY PKWY  
SUITE 1  
MERRITT ISLAND, FL 32952 US

Mailing Address  
110 S. COURTENAY PKWY.  
SUITE 1  
MERRITT ISLAND, FL 32952 US

2. Principal Place of Business  
**390 N. COURTENAY PKWY**

3. Mailing Address  
**PO BOX 541703**

Suite, Apt. #, etc.

City & State  
**MERRITT ISLAND, FL**

City & State  
**MERRITT ISLAND FL**

Zip  
**32953**

Country  
**USA**

Zip  
**32954**

Country  
**USA**

03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**52-2440251**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPURLOCK, NEAL P II**  
**110 S. COURTENAY PKWY.**  
**SUITE 1**  
**MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name  
**SPURLOCK, NEAL P II**

Street Address (P.O. Box Number is Not Acceptable)  
**390 N. COURTENAY PKWY**

City  
**MERRITT ISLAND**

FL

Zip Code  
**32953**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**3/27/2006**  
DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPURLOCK II, NEAL P 110 S. COURTENAY PKWY. MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

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

*[Signature]*

**3/27/2006**  
Date

**321-986-8111**  
Daytime Phone #