

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000030006

1. Entity Name
CANAVERAL ASSOCIATES, LLC



Principal Place of Business
1033 S. FLORIDA AVE.
ROCKLEDGE, FL 32955

Mailing Address
1033 S. FLORIDA AVE.
ROCKLEDGE, FL 32955



02162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1181841

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD, STE 505
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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000869463
04/03/08-80050-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ROXANNE JOHNSON-GIEBINK, M.D.
STREET ADDRESS 1033 S. FLORIDA AVE.
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE MGR
NAME JAMES C. GIEBINK, M.D.
STREET ADDRESS 1033 S. FLORIDA AVE.
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-18-08

632-0351