

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043628

FILED
Apr 15, 2004
Secretary of State

Entity Name: BREVARD EQUIPMENT MANAGEMENT, LLC

Current Principal Place of Business:

225 BORMAN DR., STE. 202
MERRITT ISLAND, FL 32953

New Principal Place of Business:

255 BORMAN DRIVE
SUITE 202
MERRITT ISLAND, FL 32953

Current Mailing Address:

225 BORMAN DR., STE. 202
MERRITT ISLAND, FL 32953

New Mailing Address:

255 BORMAN DRIVE
SUITE 202
MERRITT ISLAND, FL 32953

FEI Number: 20-0384007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULIAN A. KYLE, M.D.
225 BORMAN DR., STE. 202
MERRITT ISLAND, FL 32953

Name and Address of New Registered Agent:

JULIAN A. KYLE, M.D.
255 BORMAN DRIVE
SUITE 202
MERRITT ISLAND, FL 32953

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: JULIAN A. KYLE, MD

04/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: KYLE, JULIAN A MD
Address: 255 BORMAN DRIVE SUITE 202
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM () Change (X) Addition
Name: PEREZ, VICTOR T MD
Address: 255 BORMAN DRIVE SUITE 202
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIAN A. KYLE, MD

MGRM

04/15/2004

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