

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043628

FILED  
Mar 18, 2009  
Secretary of State

**Entity Name:** BREVARD EQUIPMENT MANAGEMENT, LLC

**Current Principal Place of Business:**

255 BORMAN DRIVE  
SUITE 202  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

255 BORMAN DRIVE  
SUITE 202  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

**FEI Number:** 20-0384007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, VICTOR T MD  
255 BORMAN DRIVE  
SUITE 202  
MERRITT ISLAND, FL 32953 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: MGRM ( ) Delete  
Name: KYLE, JULIAN A MD  
Address: 255 BORMAN DRIVE SUITE 202  
City-St-Zip: MERRITT ISLAND, FL 32953

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

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VICTOR T. PEREZ, MD

MGRM

03/18/2009

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