

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90040 034 ****50.00

DOCUMENT # L04000063883

1. Entity Name
BREVARD INVESTMENT PARTNERS LLC



Principal Place of Business
**3230 MURRELL RD
SUITE 200
ROCKLEDGE, FL 32955**

Mailing Address
**3230 MURRELL RD
SUITE 200
ROCKLEDGE, FL 32955**

2. Principal Place of Business - No P.O. Box #
1053 Pelican LN
Suite, Apt. #, etc.

3. Mailing Address
1053 Pelican LN
Suite, Apt. #, etc.



04022007 Chg-LLC CR2E083 (12/06)

City & State
Rockledge FL
Zip
32955
Country
USA

City & State
Rockledge FL
Zip
32955
Country
USA

4. FEI Number
20-1630353

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PICKLES, TIMOTHY F ESQUIRE
3490 NORTH US HIGHWAY 1
COCOA, FL 32926**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCCOIG, RALPH JR
3230 MURRELL RD SUITE 200
ROCKLEDGE, FL 32955** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LAMARR, ROBERT
1323 HERITAGE ACRES DRIVE
ROCKLEDGE, FL 32955** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AMOS, MARK
5165 DALEHURST DRIVE
COCOA, FL 32926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DASKI, DWAYNE
10456 PELICAN LANE
ROCKLEDGE, FL 32955** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RALPH MCCOIG JR
1037 PATHFINDER SUITE 140
Rockledge FL 32955** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARK AMOS
1053 Pelican LN
Rockledge FL 32955** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DWAYNE DASKI
10456 PELICAN LN
Rockledge FL 32955** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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

Date

Daytime Phone #

Mark Amos

4-3-07