



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:0**  
**Secretary of State**

<b>DOCUMENT # L04000063883</b> 1. Entity Name <b>BREVARD INVESTMENT PARTNERS LLC</b>		
Principal Place of Business <b>1053 PELICAN LN ROCKLEDGE, FL 32955</b>	Mailing Address <b>1053 PELICAN LN ROCKLEDGE, FL 32955</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PICKLES, TIMOTHY F ESQUIRE 3490 NORTH US HIGHWAY 1 COCOA, FL 32926</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		DATE <b>04/15/08-80059-012 138.75</b>
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCOIG, RALPH JR 1037 PATH FINDER SUITE 140 ROCKLEDGE, FL 32955	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMARR, ROBERT 1323 HERITAGE ACRES DRIVE ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMOS, MARK 1053 PEICAN LN ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DASKI, DWAYNE 1045 PELICAN LN ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>3-31-2008</b> Daytime Phone # <b>321-639 9300</b>