
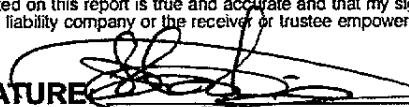


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000068562 1. Entity Name BREVARD HOLDINGS LLC		
Principal Place of Business 1441 CLEARLAKE ROAD COCOA, FL 32922	Mailing Address 1441 CLEARLAKE ROAD COCOA, FL 32922	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JOSHI, HEMANT C 1441 CLEARLAKE ROAD COCOA, FL 32922		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSHI, HEMANT C 1441 CLEARLAKE ROAD COCOA, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSHI, SURAIYA H 1441 CLEARLAKE ROAD COCOA, FL 32922	
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		
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  HEMANT C JOSHI		1-6-06 3216319910
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1670785

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U000000381087
01/11/06-80040-009 50.00

**DO NOT WRITE
IN THIS SPACE**