


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90149 023 \*\*\*\*50.00

<b>DOCUMENT # L04000079832</b> 1. Entity Name GARVEY DEVELOPMENT, LLC	
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Principal Place of Business 504 NORTH HARBOR CITY BOULEVARD MELBOURNE, FL 32935 US	Mailing Address 504 NORTH HARBOR CITY BOULEVARD MELBOURNE, FL 32935 US
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**20006354**



01032006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1902688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ENGLE, DOUGLAS 504 NORTH HARBOR CITY BOULEVARD MELBOURNE, FL 32935
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**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 \_\_\_\_\_  
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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENGLE, DOUGLAS 504 NORTH HARBOR CITY BOULEVARD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORGAN, STEVEN 504 NORTH HARBOR CITY BOULEVARD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M & M HOLDING OF BREVARD, LLC 235 WEST DRIVE MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ENGLE, SUSAN R 504 NORTH HARBOR CITY BOULEVARD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALBRIGHT, JAMES C JR. 504 NORTH HARBOR CITY BOULEVARD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*STEVEN J. MORGAN* 2/6/06 321 751-6088