

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000079832

1. Entity Name  
GARVEY DEVELOPMENT, LLC



Principal Place of Business  
504 NORTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32935 US

Mailing Address  
504 NORTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32935 US



01182007 No 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 ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ENGLE, DOUGLAS  
504 NORTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32935

**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, 2007**

U000000538434  
01/24/07-80074-022 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME ENGLE, DOUGLAS  
STREET ADDRESS 504 NORTH HARBOR CITY BOULEVARD  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE MGRM  
NAME MORGAN, STEVEN  
STREET ADDRESS 504 NORTH HARBOR CITY BOULEVARD  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE MGR  
NAME M & M HOLDING OF BREVARD, LLC  
STREET ADDRESS 235 WEST DRIVE  
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE MGR  
NAME ENGLE, SUSAN R  
STREET ADDRESS 504 NORTH HARBOR CITY BOULEVARD  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE MGR  
NAME ALBRIGHT, JAMES C JR.  
STREET ADDRESS 504 NORTH HARBOR CITY BOULEVARD  
CITY-ST-ZIP 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

STEVEN J. MORGAN

1/18/07 321 751 6093

Date

Daytime Phone #