2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000020493

1. Entity Nam-

BEACHSIDE INVESTMENTS OF BREVARD, LLC



FILED Apr 06, 2007 08:00 A Secretary of State

Principal Place of Business

1804 RIVERVIEW DRIVE MELBOURNE, FL 32901

Mailing Address

1804 RIVERVIEW DRIVE MELBOURNE, FL 32901



DO NOT WRITE IN THIS SPACE

04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2498351

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, RON 1804 RIVERVIEW DR MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpo	se of changing its registered office or registered agent, or both, in the State of F	lorida. 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 aignature required when reinstating)

DATE

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

9.	B. MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	SMITH, RON S	
STREET ADORESS	1804 RIVERVIEW DRIVE	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGR	
NAME	STIVERS, JAMES E	
STREET ADDRESS	9150 SOUTH TROPICAL TR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	MGR	
NAME	STIVERS, JACIE	
STREET ADORESS	9150 SOUTH TROPICAL TR	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
DILE		
NAME		
STREET ADDRESS		
CiTY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME	•	
STREET ADDRESS		
CITY-ST-ZIP		
11 I boroby	certify that the information supplied with this filling door not qualify for the or	

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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with his 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 tiability company or the receive or trustee employered to execute this report as required by Chapter 608. Florida statutes.

SIGNATURE:

SIGNATURE AND OFFED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

27

321-693-727

Davisma Phone