

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90192 021 \*\*\*\*50.00

**DOCUMENT # L05000052680**

1. Entity Name  
**BREVARD PARTNERS, LLC**



Principal Place of Business  
**575 2ND AVENUE SOUTH  
SUITE 211  
ST. PETERSBURG, FL 33701 US**

Mailing Address  
**575 2ND AVENUE SOUTH  
SUITE 211  
ST. PETERSBURG, FL 33701 US**

**30004898**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03032006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**84-1680600**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**FORD, HARVEY A  
2552 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33713**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**575 2nd Avenue South**  
**#201**  
City **St. Petersburg** FL Zip Code **33701**

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 DATE **3/20/06**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>			
	<b>TRIANN HOLDINGS, LLC</b>			
	<b>575 2ND AVENUE SOUTH, SUITE 211</b>			
	<b>ST. PETERSBURG, FL 33701</b>			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE DATE **3/20/06** DAYTIME PHONE # **727-897-9151**

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