

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 08:00 A
Secretary of State

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



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
575 2ND AVENUE SOUTH
SUITE 201
SAINT PETERSBURG, FL 33701

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIANN HOLDINGS, LLC 575 2ND AVENUE SOUTH, SUITE 211 ST. PETERSBURG, FL 33701
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04/04/07-80020-002 50.00

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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 #

3-707 727-897-9151