

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # L05000090065

1. Entity Name
DEER, LLC



Principal Place of Business
**2459 ALICIA LANE
MELBOURNE, FL 32935**

Mailing Address
**2459 ALICIA LANE
MELBOURNE, FL 32935**



03232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3590482

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARKIN, DAVID G
FALLACE & LARKIN, L.C.
1900 S. HICKORY STREET, STE. A
MELBOURNE, FL 32901**

**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
RICHARD, ERIC S
3995 LAKE BREEZE BLVD.
MELBOURNE, FL 32934**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RICHARD, EDWARD J JR.
3945 LAKE BREEZE BLVD.
MELBOURNE, FL 32934**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RICHARD, DEBORAH M
2459 ALICIA LANE
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Deborah M. Richard

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

3-27-07

Date

(321) 636-6200

Daytime Phone #