


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90400 015 \*\*\*138.75

DOCUMENT # L06000081420

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



Principal Place of Business  
**C/O CHRISTOPHER J. GERTZ, P.A.  
 1100 SE 11TH COURT  
 FORT LAUDERDALE, FL 33316**

Mailing Address  
**C/O CHRISTOPHER J. GERTZ, P.A.  
 1100 SE 11TH COURT  
 FORT LAUDERDALE, FL 33316**

2. Principal Place of Business - No P.O. Box #  
**3043 P ST NW**

3. Mailing Address  
**c/o Brenda Yates**

Suite, Apt. #, etc.  
**c/o G-K Shallcross**

Suite, Apt. #, etc.  
**255 Alhambra Cir**

City & State  
**Washington DC**


City & State  
**Coral Gables FL**

Zip  
**20007**

Country  
**USA**

Zip  
**33134**

Country  
**USA**



02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
~~XXXXXXXXXX~~ **32-0217697** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GERTZ, CHRISTOPHER J ESQ.  
 1100 SE 11TH COURT  
 FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name  
**Paul B. Erickson**

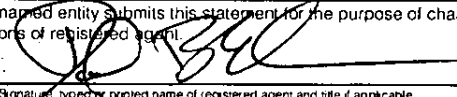
Street Address (P.O. Box Number is Not Acceptable)  
**340 Royal Poinciana Way, Suite 321**

City  
**Palm Beach**

State  
**FL**

Zip Code  
**33480**

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 **2/12/2008**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>SHALLCROSS, G K</b>	
STREET ADDRESS <b>3043 P ST NW</b>	
CITY - ST - ZIP <b>WASHINGTON, DC 20007</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

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

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:  DATE: **2/12/08** DAYTIME PHONE #: **202 328 1136**

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