2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000081420

1. Entity Name
BREVARD LANDVEST, LLC
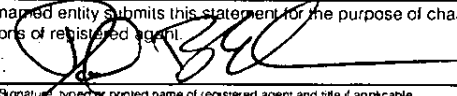
Principal Place of Business	Mailing Address
C/O CHRISTOPHER J. GERTZ, P.A. 1100 SE 11TH COURT FORT LAUDERDALE, FL 33316	C/O CHRISTOPHER J. GERTZ, P.A. 1100 SE 11TH COURT FORT LAUDERDALE, FL 33316

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

Suite, Apt. #, etc.
C/o GK Shallcross

City & State
Washington DC

Zip 20007   Country USA

3. Mailing Address
C/o Brenda Yates

Suite, Apt. #, etc.
255 Alhambra Cir Ste 325

City & State
Coral Gables FL

Zip 33134   Country USA

02122008   Chg-LLC   CR2E083 (12/06)

4. FEI Number
XXXXXXXXXXXXX 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**   **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 _____

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

DATE 2/12/2008

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		10.	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SHALLCROSS, G K		NAME			
STREET ADDRESS	3043 P ST NW		STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20007		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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 2/14/08   Daytime Phone # 202 338 1136

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