

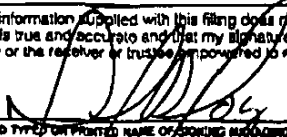
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BENNETT WOO

FILED
Jul 30, 2007 8:00 am
Secretary of State

04-30-2007 90064 039 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000107455					
1. Entity Name DRC OF BREVARD LLC					
Principal Place of Business 1707 PARKSIDE PLACE INDIAN HARBOR BEACH, FL 3293			Mailing Address P.O. BOX 33292 INDIALANTIC, FL 32903		
2. Principal Place of Business - No P.O. Box # 275 CANAL STREET			3. Mailing Address P O BOX 296		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State OAK HILL FL			City & State OAK HILL FL		
Zip 32759	Country USA	Zip 32759	Country USA	04272007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 22-3946449				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 file it as applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, DANIEL R 1707 PARKSIDE PLACE INDIAN HARBOR BEACH, FL 3293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O BOX 296 OAK HILL FL 32759	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOPER, CRAIG R 1707 PARKSIDE PLACE INDIAN HARBOR BEACH, FL 3293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOPER, DANIEL R 1707 PARKSIDE PLACE INDIAN HARBOR BEACH, FL 3293	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			DANIEL R COOPER 4-26-2007 0863		
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

4/27/07:JFW:CB

RECEIVED TIME APR. 27. 10:43AM

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