04/27/2007 11:39 2529613 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

30012052

DOCUMENT # L06000107455

1. Entity Name
DRC OF BREVARD LLC

Principal Place of Business	Mailing Address
1707 PARKSIDE PLACE INDIAN HARBOR BEACH, FL 3293	P.O. BOX 33292 INDIALANTIC, FL 32903

04272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
275 CANAL STREET	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

4. FEI Number: 32-3946449 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☒ Change ☐ Addition P O BOX 296 OAK HILL FL 32759
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
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
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 605, Florida Statutes.

321-626

SIGNATURE: _____ DANIEL R COOPER 4-26-2007 0863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

4/27/07:JFW:CB

RECEIVED TIME APR. 27. 10:43AM PRINT TIME APR. 27. 10:46AM