


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000006218 1. Entity Name HOFF OF BREVARD, L.C.	
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Principal Place of Business 478 E. EAU GALLIE CAUSEWAY INDIAN HARBOUR BEACH, FL 32937	Mailing Address P.O. BOX 033475 INDIALANTIC, FL 32903
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3600511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRESE, GARY B 930 S. HARBOR CITY BLVD., SUITE 505 MELBOURNE, FL 32901
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**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**

U000000593328
01/22/07-80026-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOFFMAN, WILLIAM F SR. 478 E. EAU GALLIE CAUSEWAY INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOFFMAN, BARBARA J 478 E. EAU GALLIE CAUSEWAY INDIAN HARBOUR BEACH, FL 32937
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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:  **01/17/07 3258-724**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #