


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90119 044 \*\*\*150.00

<b>DOCUMENT # F98000006544</b>					
1. Entity Name <b>THE BRICKMAN GROUP, LTD. INCORPORATED</b>					
Principal Place of Business <b>18227 FLOWERS MILL WAY GAITHERSBURG, MD 20879</b>			Mailing Address <b>18227 FLOWERS MILL WAY GAITHERSBURG, MD 20879</b>		
2. Principal Place of Business <b>18227 Flower Hill Way</b>		3. Mailing Address <b>18227 Flower Hill Way</b>			
Suite, Apt. #, etc. <b>Suite D</b>		Suite, Apt. #, etc. <b>Suite D</b>			
City & State <b>Gaithersburg MD</b>		City & State <b>Gaithersburg MD</b>			
Zip <b>20879</b>	Country <b>USA</b>	Zip <b>20879</b>	Country <b>USA</b>	03152006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>23-2949247</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRICKMAN, SCOTT W 18227 FLOWER HILL WAY, STE D. NEW MARKET, MD 21774	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRICKMAN, THEODORE W JR 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,V SILCOX, CHARLES B 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HJELLE, MARK A 18227 FLOWER HILL WAY, STE D. GAITHERSBURG, MD 20877	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS POLOZIC, STEPHEN 18227 FLOWER HILL WAY, STE D. GAITHERSBURG, MD 20877	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VAS Stephen Polozic 18227 Flower Hill Way, Ste. D Gaithersburg, MD 20879</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, JACK 375 S. FLOWERS MILL ROAD LANGHORNE, PA 19047	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: _____			(201) 987-9200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
<b>Stephen Polozic, Vice President</b>					