FILED
06 OCT 30 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L00000010167

1. Entity Name
BRAINS - TRUST GROUP LC

Principal Place of Business	Mailing Address
2578 ENTERPRISE RD SUITE 110 ORANGE CITY, FL 32763-7904	2578 ENTERPRISE RD SUITE 110 ORANGE CITY, FL 32763-7904

10232006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-1033800
☐ 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
FLORIDA FILING & SEARCH SERVICES, INC. 1333 NORTH DUVAL ST TALLAHASSEE, FL 32302	Name Street Address (P.O. Box Number is Not Acceptable) 155 office Plaza Drive, Suite A City Tallahassee FL Zip Code 32301

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] 10/30/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARIC, TIHOMIR 1897 PALM BEACH LAKES BLVD., SUITE 226 WEST PALM BEACH, FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AJVAZ, SLOBODAN 1897 PALM BEACH LAKES BLVD., SUITE 226 WEST PALM BEACH, FL 33409	☒ 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 700081375187
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: [signature] / TIHOMIR MARIC / 10/30/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #

L00000010167

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Drive, Suite A Tallahassee, FL 32301
PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 10-30-06

NAME: BRAINS-TRUST GROUP LC

TYPE OF FILING: AMENDMED ANNUAL REPORT

COST: $50 + $30= $80

RETURN: CERTIFIED COPY

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ACCOUNT: **FCA0000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

Please forward for Apostille