

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 90147 006 ****50.00

DOCUMENT # L03000031662 1. Entity Name BRAIN RESOURCE NETWORK, LLC					
Principal Place of Business 280 W. SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 32714-3436 US			Mailing Address 280 W. SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 32714-3436 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 57-1186412			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SOMMER, ERIC H P. O. BOX 712 ORLANDO, FL 32802 <i>ERIC H. SOMMER</i> <i>20 NORTH ORANGE AVENUE</i> <i>ORLANDO, FL 32802-0712</i>			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORN, GORDON J 280 W. SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 327143436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORN, SUSAN L 280 W. SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 327143436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 508, Florida Statutes.					
SIGNATURE: <u><i>Shawn P. Horn</i></u> <u>5/1/04</u> <u>(407) 772-0311</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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