

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90095 038 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1186412	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOMMER, ERIC H 20 NORTH ORANGE AVENUE ORLANDO, FL 32802			7. Name and Address of New Registered Agent Name: <u>Susan L. Horn</u> Street Address (P.O. Box Number is Not Acceptable): <u>280 W. SPRING LAKE DRIVE</u> City: <u>ALTAMONTE SPRINGS</u> FL Zip Code: <u>32714</u>		
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: <u>Susan L. Horn</u> 1 4/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 608, Florida Statutes.					
SIGNATURE: <u>Susan L. Horn</u> <u>Susan L. Horn</u> 4/30/05 (407) 772-0311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					