


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 08:00 A
Secretary of State

DOCUMENT # L03000031662 1. Entity Name BRAIN RESOURCE NETWORK, LLC	
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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
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04282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1186412	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

**HORN, SUSAN L
280 W SPRING LAKE DRIVE
ALTAMONTE SPRINGS, FL 32714**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORN, GORDON J 280 W. SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 327143436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORN, SUSAN L 280 W. SPRING LAKE DRIVE ALTAMONTE SPRINGS, FL 327143436
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05/20/06-80001-008 50.00

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: Susan L. Horn Susan L. Horn 4/28/06 407-772-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #