

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**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**



04302007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**57-1186412**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 restate)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HORN, GORDON J
STREET ADDRESS	280 W. SPRING LAKE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327143436
TITLE	MGRM
NAME	HORN, SUSAN L
STREET ADDRESS	280 W. SPRING LAKE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327143436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80123-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/30/07 (407) 592-9913**  
Date Daytime Phone #