2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 18, 2009
Secretary of State

DOCUMENT# L03000031662

Entity Name: BRAIN RESOURCE NETWORK, LLC

Current Principal Place of Business:

280 W. SPRING LAKE DRIVE
ALTAMONTE SPRINGS, FL 327143436 US

New Principal Place of Business:

2828 CASA ALOMA WAY
SUITE 200
WINTER PARK, FL 32792 US

Current Mailing Address:

280 W. SPRING LAKE DRIVE
ALTAMONTE SPRINGS, FL 327143436 US

New Mailing Address:

2828 CASA ALOMA WAY
SUITE 200
WINTER PARK, FL 32792 US

FEI Number: 57-1186412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HORN, GORDON J
Address: 280 W. SPRING LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 327143436

Title: MGRM ( ) Delete
Name: HORN, SUSAN L
Address: 280 W. SPRING LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 327143436

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HORN, GORDON J PH.D.
Address: 280 W. SPRING LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGR (X) Change ( ) Addition
Name: HORN, SUSAN L
Address: 280 W. SPRING LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGR 09/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date