FILED
Mar 24, 2006 8:00 am
Secretary of State
03-13-2006 90349 037 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000032453

1. Entity Name
BRM ORLANDO, LLC

30003288

Principal Place of Business	Mailing Address
19058 BOYER FIELDS PLACE LEESBURG, VA 20176	19058 BOYER FIELDS PLACE LEESBURG, VA 20176

02282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		P.O. Box 1117	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Sterling VA	
Zip	Country	Zip: 20167	Country

4. FEI Number: 81 0668212 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOCTOR, JAMES J 215 N EOLA DR ORLANDO, FL 32801	Name: Courtney Buster Street Address (P.O. Box Number is Not Acceptable): 7512 Dr. Phillips Blvd ST 100 City: Orlando FL Zip Code: 32819

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Courtney Business 19058 Boyer Fields Pl.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leesburg VA 20176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #