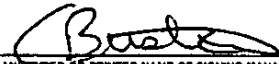


FILED
Mar 24, 2006 8:00 am
Secretary of State

03-13-2006 90349 037 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000032453 1. Entity Name BRM ORLANDO, LLC			
Principal Place of Business 19058 BOYER FIELDS PLACE LEESBURG, VA 20176		Mailing Address 19058 BOYER FIELDS PLACE LEESBURG, VA 20176	
2. Principal Place of Business		Mailing Address P.O. Box 1117	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Sterling VA	
Zip	Country	Zip	Country
20167		20167	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. FEI Number 810668212 Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent HOCTOR, JAMES J 215 N EOLA DR ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Courtney Buser Street Address (P.O. Box Number is Not Acceptable) 7512 Dr. Phillip Buser City ST. LOU FL Zip Code 322819	
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 Buser 19058 Boyer Fields Pl. 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____			