2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000032453

1. Entity Name BRM ORLANDO, LLC



04-28-2008 90046 009 ***138.75

Apr 28, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

19058 BOYER FIELDS PLACE LEESBURG, VA 20176 Mailing Address

POB 1117 STERLING, VA 20167

DO NOT WRITE IN THIS SPACE

04242008 No Chg-LLC

CR2E083 (12/07)

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

BUSTER, COURTNEY 544 LAKE HARRIS DR LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of chan ions of registered agent. | ging its registered office or registered agent, or both, in the State | of Florida. I am familiar with, and accept |
|--|---|---|--|
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| FILE After May | NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUSTER, COURTNEY 10958 BOYER FIELDS PL LEESBURG, VA 20176 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| NAME STREET ADDRESS | | | |

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

CITY-ST-ZIP

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

-P-25-2

Daytime Phone #