

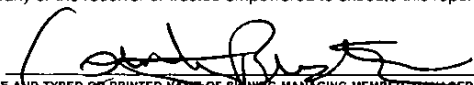


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90432 011 \*\*\*\*50.00

|   |   |  |  |   |                                     |
|---|---|--|--|---|-------------------------------------|
| <b>DOCUMENT # L05000108139</b><br>1. Entity Name<br><b>BRM ATLANTA, LLC</b>   |   |  |  |    |                                     |
| Principal Place of Business<br><b>7512 DR. PHILLIPS BLVD.<br/>STE. 100<br/>ORLANDO, FL 32819 US</b>   |   |  | Mailing Address<br><b>19058 BOYER FIELDS PLACE<br/>LEESBURG, VA 20176 US</b> |   |                                     |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address   |  |   |                                     |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |                                     |
| City & State  |   | City & State   |  |   |                                     |
| Zip   | Country   | Zip  | Country  | 4. FEI Number<br><b>20-3757084</b>  |                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | Applied For<br>Not Applicable   |                                     |
| 6. Name and Address of Current Registered Agent<br><br><b>BUSTER, COURTNEY<br/>7512 DR. PHILLIPS BLVD<br/>STE. 100<br/>ORLANDO, FL 32819</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Courtney Buster</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>544 Lake Harris Dr.</b><br>City <b>Lake land</b> <b>FL</b> Zip Code <b>33813</b> |                                     |
| 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.<br>SIGNATURE  DATE <b>3-29-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |  |  |   |                                     |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |                                     |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>BUSTER'S RESOURCE MANAGEMENT, LLC <input type="checkbox"/> Delete<br>19058 BOYER FIELDS PLACE<br>LEESBURG, VA 20176 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> 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:   |   |  | Date <b>3-29-07</b>  |   | Daytime Phone # <b>571-201-2399</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |  |   |                                     |