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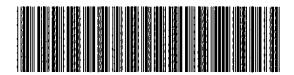
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SECRETARY OF STATE DIVISION OF CURPORATION

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BRM Trust Holdings, LLC (Name of	Limited Liab	pility Company)	
Dear Sir or Madam:		•	
The enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter	to the following:	
Jill M. Lager			
(Name of Person)			
Banyan Realty Advisors, LLC			
(Firm/Company)			
1665 Palm Beach Lakes Blvd., Suite 4	100		
(Address)			
West Palm Beach, FI 33401			
(City/State and Zip Code)		- 	
For further information concerning this ma	tter, please c	all:	
Jill M. Lager	at (561) 478-9800 x107	
(Name of Person)	•	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:		
\$25 Filing Fee		\$55 Filing Fee & Certified Copy	
<i>7</i> 3.			

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	liability company is	S: BRM Trust Holdin	gs, LLC		
2. The mailing address of t	he limited liability of	company is: 495 N	. Keller Road, S	uite 301,	
Maitland, FL 32751					
7/12/2006		L06	6000069579		
3. Date of filing/registration in Florida			Document numb	рег	
5. The name of the registere Florida Department of St		istered office addr	ess as shown or	n the records of th	ie
•	₋ouis E. Vogt				
_		Name			
707 Mendham Blvd., Suite 201					
		Address			œ
<u>(</u>	Orlando, FL 32825	, State and Zip	· · · · · · · · · · · · · · · · · · ·	2	SE
∠ 771 1 1 1 1 C	•	•		₹	흦읋
6. The name and address of	the new registered	agent and/or office) :	APR -4	95-
L	ouis E. Vogt			±-	275
_		Name		PH	滋유
4	95 N. Keller Road,	Suite 301,		**************************************	윷쑈
	Florida street addre	ss (P.O. Box NOT	acceptable)	39	AIE
M	faitland	FL 32751		_	¥.
	City,	State and Zip			
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement (Signature of a member or authorize	nge or changes are in the registered agent who confirmed that the diability company of the limited liability	made, the Florida s vill be identical. C ne change(s) was/w y or as otherwise p ty company.	street address of	f the registered of	1
Louis E. Vogt	\mathcal{O}				
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Of if thi address, I hereby confirm the (Signature of Registered Agent)	ment as registered of all statutes relative accept the obligation is document is being action limited lightiles.	agent and agree to ve to the proper an ns of my position o filed to merely re ity company has b	o act in this cape ad complete per as registered ag flect a change i een notified in v	acity. I further as formance of my å ent as provided f n the registered o writing of this chò	gree to uties, or in ffice inge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE; \$25.00