

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90101 018 \*\*\*\*50.00

**DOCUMENT # M03000003036**

1. Entity Name  
**BRMW MANAGEMENT, L.L.C.**



Principal Place of Business  
**12651 BRIAR FOREST DR., SUITE 205  
HOUSTON, TX 77077**

Mailing Address  
**12651 BRIAR FOREST DR., SUITE 205  
HOUSTON, TX 77077**

**24014060**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**76-0663448**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
REED, JEFFREY K  
12651 BRIAR FOREST DR., SUITE 205  
HOUSTON, TX 77077 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WILSON, ROBERT W  
12651 BRIAR FOREST DR., SUITE 205  
HOUSTON, TX 77077 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MURRAY, JAMES R III  
12651 BRIAR FOREST DR., SUITE 205  
HOUSTON, TX 77077 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
REED-BEAUREGARD, PATRICIA A  
12651 BRIAR FOREST DR., SUITE 205  
HOUSTON, TX 77077 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**REED-BEAUREGARD, PATRICIA A.**

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 exemption stated in Section 119.07(3)(i), 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:

*Jeffrey K. Reed*

**JEFFREY K. REED**

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

**1/5/04**

Date

**281.397.6747**

Daytime Phone #