

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003036

FILED
Jan 07, 2008
Secretary of State

Entity Name: BRMW MANAGEMENT, L.L.C.

Current Principal Place of Business:

12651 BRIAR FOREST DR., SUITE 205
HOUSTON, TX 77077

New Principal Place of Business:

Current Mailing Address:

12651 BRIAR FOREST DR., SUITE 205
HOUSTON, TX 77077

New Mailing Address:

FEI Number: 76-0663448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REED, JEFFREY K
Address: 12651 BRIAR FOREST DR., SUITE 205
City-St-Zip: HOUSTON, TX 77077

Title: MGR () Delete
Name: MURRAY, JAMES R III
Address: 12651 BRIAR FOREST DR., SUITE 205
City-St-Zip: HOUSTON, TX 77077

Title: MGR () Delete
Name: REED-BEAUREGARD, PATRICIA A
Address: 12651 BRIAR FOREST DR., SUITE 205
City-St-Zip: HOUSTON, TX 77077

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date