

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001451

Entity Name: THE BRYAN GROUP, LLC

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

801 INTERNATIONAL PARKWAY, 5TH FLOOR
ORLANDO, FL 32746

New Principal Place of Business:

Current Mailing Address:

801 INTERNATIONAL PARKWAY, 5TH FLOOR
ORLANDO, FL 32746

New Mailing Address:

FEI Number: 54-1799502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: BRYAN, RICHARD W
Address: 1950 OLD GALLOWS ROAD, SUITE 200
City-St-Zip: VIENNA, VA 22182

Title: MGRM () Delete
Name: REILLY, BRENNAN R
Address: 300 N. WASHINGTON STREET, SEVENTH FLOOR
City-St-Zip: ALEXANDRIA, VA 22314

Title: MGR () Delete
Name: BORIS, CHRISTOPHER A
Address: 42023 WATERS OVERLOOK CT.
City-St-Zip: LEESBURG, VA 20176

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 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: CHRIS BORIS

MGR

01/17/2007

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