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DIVISION OF COMPORATION

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BRM Waterford Pointe, LLC (Name of L	imited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Jill M. Lager				
(Name of Person)				
Banyan Realty Advisors, LLC				
(Firm/Company)	····			
1665 Palm Beach Lakes Blvd., Suite 40	0			
(Address)				
West Palm Beach, Fl 33401				
(City/State and Zip Code)				
For further information concerning this matte	r, please call:			
Jill M. Lager	at (561) 478-9800 x107			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

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:	BRM Waterford Pointe, LLC		·
2.	The mailing address of the limited liability co	ompany is : 495 N. Keller Road, S	uite 301,	,
М	aitland, FL 32751	4-2-		
7/	12/06	L06000069626		
3.	Date of filing/registration in Florida	4. Document numb	per	
5.	The name of the registered agent and the regis Florida Department of State:	stered office address as shown or	the records of th	ie
	Louis E. Vogt			
		Name		
	707 Mendham Blvd.,	Suite 201		
		Address		_
	Orlando, FL 32825		9	₹s
	City,	State and Zip	9 <u>A</u>	SEC
6.	The name and address of the new registered ag	gent and/or office:	08 APR -4	三元
	Louis E. Vogt		-	JARY OF O
	•	Name	7	35 <u>0</u> E
	495 N. Keller Road, S		**	တ္ထင
	Florida street address	s (P.O. Box NOT acceptable)	60	AA
	Maitland	FL 32751		2.E
	City, S	State and Zip		
ar li:	the limited liability company is not organized on firmed that after the change or changes are mad the business office of the registered agent whability company, it is hereby confirmed that the fithe members of the limited liability company the operating agreement of the limited liability ignature of a member or authorized representative of a member of authorized	nade, the Florida street address o ill be identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the y company.	f the registered of f a Florida limite by an affirmative	ffice d e vote
L	ouis E. Vogt			
(I	Printed or typed name of signee)	·		
I co ai C	hereby accept the appointment as registered a simply with the provisions of all statutes relative at I am familiar with and accept the obligation hapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability	gent and agree to act in this cap e to the proper and complete per is of my position as registered as filed to merely reflect a change i ty company has been notified in	acity. I further a formance of my b gent as provided f n the registered o writing of this ch	gree to Juties, for in Office ange.
(5	Signature of Registered Agent)			

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