

A02000000541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

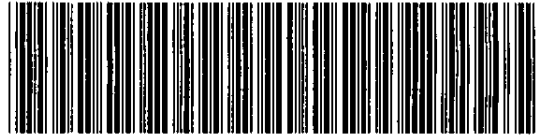
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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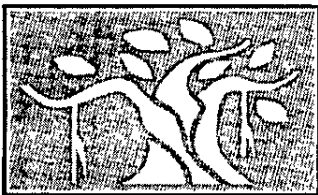


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SPECIAL SERVICES  
FALL WINTER 2008

S. HAWKES  
DEC 02 2008  
EXAMINER



**BANYAN  
REALTY  
ADVISORS LLC**

Via Federal Express

November 25, 2008

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Phone #850-245-6052

**Re: BRM TRUST – VARIOUS ENTITIES:**

To Whom It May Concern:

Enclosed please find Statement of Change of Registered Office and respective payments for the following entities:

- Avalon Reserve, Ltd. – check in the amount of \$35
- Camellia Pointe, Ltd. – check in the amount of \$35
- Hickory Pointe, Ltd. – check in the amount of \$35
- Hidden Creek Villas, Ltd. – check in the amount of \$35
- Magnolia Pointe, Ltd. – check in the amount of \$35
- Metro Place, Ltd. – check in the amount of \$35
- Metro Place II, Ltd. – check in the amount of \$35
- Osprey Ridge Apartments, Ltd. – check in the amount of \$35
- Palmetto Dunes, Ltd. – check in the amount of \$35

Please process accordingly. Thank you.

Your courtesy and assistance is greatly appreciated and should you have any questions please feel free to call me at 561-478-9800 x107 or email: [jlager@banyanadvisor.com](mailto:jlager@banyanadvisor.com)

Sincerely,

Jill M. Lager  
Certified Legal Assistant

Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Avalon Reserve, Ltd.  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office 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  
(Firm/Company)

1665 Palm Beach Lakes Blvd., Suite 400  
(Address)

West Palm Beach, FL 33401  
(City/State and Zip Code)

For further information concerning this matter, 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

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Avalon Reserve, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/10/2002

Date of filing/registration in Florida

3. A02000000541

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Louis E. Vogt

Name

495 N. Keller Road, Suite 301

Address

Maitland, FL 32751

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Louis E. Vogt

Name

501 N. Magnolia Avenue

Florida street address (P.O. Box not acceptable)

Orlando

FL 32801

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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