

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 18 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002686

1. Entity Name
HICKORY POINTE, LTD.



Principal Place of Business
**800 NORTH HIGHLAND AVE., SUITE 200
ORLANDO, FL 32803**

Mailing Address
**707 MENDHAM BOULEVARD, SUITE 201
ORLANDO, FL 32825**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3486014

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAGER, JILL
1665 PALM BEACH LAKES BLVD. SUITE 400
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **LOUIS E. VOGT**
Street Address (P.O. Box Number is Not Acceptable)

**707 MENDHAM BLVD, STE 201
ORLANDO FL 32825**

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.

DATE

04/09/07

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L06000069573**
NAME **BRM HICKORY POINTE, LLC**
STREET ADDRESS **707 MENDHAM BOULEVARD, SUITE 201**
CITY-ST-ZIP **ORLANDO, FL 32825**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **900103627899**
CITY-ST-ZIP **05/31/07--01048--010 **500.00**

DOCUMENT #
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

Louis E. Vogt, Mgr. 04/09/07

407-377-0600

BY: BRM HICKORY POINTE, LLC/LOUIS E VOGT, MGR DATE