2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:38

DOCUMENT # A97000002686

1. Entity Name
HICKORY POINTE, LTD.

Principal Place of Business	Mailing Address
707 MENDHAM BLVD, SUITE 201 ORLANDO, FL 32825	707 MENDHAM BOULEVARD, SUITE 201 ORLANDO, FL 32825

02292008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
495 N. Keller Rd.		495 N. Keller Rd.	
Suite, Apt. #, etc.: Ste. 301		Suite, Apt. #, etc.: Ste. 301	
City & State: Maitland, FL		City & State: Maitland, FL	
Zip: 32751	Country: USA	Zip: 32751	Country: USA

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	7. Name and Address of New Registered Agent
VOGT, LOUIS E 707 MENDHAM BLVD, STE 201 ORLANDO, FL 32825	Name: Louis E. Vogt Street Address (P.O. Box Number is Not Acceptable): 495 N. Keller Rd., Ste. 301 City: Maitland FL Zip Code 32751

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: X [signature] Louis E. Vogt 3/14/08
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000069573	STREET ADDRESS	495 N. Keller Rd., Ste. 301
NAME	BRM HICKORY POINTE, LLC		
STREET ADDRESS	707 MENDHAM BOULEVARD, SUITE 201	CITY-ST-ZIP	Maitland, FL 32751
CITY-ST-ZIP	ORLANDO, FL 32825		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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

SIGNATURE: X [signature] Louis E. Vogt 3/14/08 407-478-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #