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EXAMINER



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SECRETARY OF SINE BIVISION OF CORPORATION



BANYAN REALTY ADVISORS LLC

Via Federal Express

March 31, 2008

Florida Department of State
Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301
Phone #850-245-6051

Re: BRM TRUST HOLDING'S GENERAL PARTNERSHIP ENTITIES

To Whom It May Concern:

Enclosed please find the Statement of Change of Registered Office or Registered Agent for the following entities:

Banyan Realty Advisors, LLC Ck #1246 (\$25) BRM Metro Place, LLC, Ck #182 (\$25) BRM Trust Holdings, LLC, Ck #162 (\$25) BRM Metro Place II, LLC, Ck #170 (\$25) BRM Advisors, LLC, Ck #164 (\$25) BRM Osprey Ridge, LLC, Ck #180 (\$25) BRM Avalon Reserve, LLC, Ck #168 (\$25) BRM Palmetto Dunes, LLC, Ck #179 (\$25) BRM Camellia Pointe, LLC, Ck #169 (\$25) BRM Park Avenue, LLC, Ck #177 (\$25) BRM Cypress Ridge, LLC, Ck #167 (\$25) BRM Pointe Vista, LLC, Ck #171 (\$25) BRM Hickory Pointe, LLC, Ck #166 (\$25) BRM Pointe Vista II, LLC, Ck #178 (\$25) BRM Hidden Creek, LLC, Ck #165 (\$25) BRM Sandlake Pointe, LLC, Ck #172 (\$25) BRM Lake Providence, LLC, Ck #175 (\$25) BRM Waterford Pointe, LLC, Ck #173 (\$25) BRM Magnolia Pointe, LLC, Ck #174 (\$25) BRM Westpointe, LLC, Ck #163 (\$25)

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@banyanrealty.com

Sincerely.

ertified Legal Assistant

Enclosure

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BRM West Pointe, LLC (Name of Limite)	ed 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 i	matter to the following:		
Jill M. Lager (Name of Person)	- ,		
Banyan Realty Advisors, LLC (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, pl	ease 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 an	nount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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 limi					·		
2. The mailing address	of the limited liabi	lity company is: 49	5 N. Keller Road, Suite	301,	<u> </u>		
Maitland, FL 32751					·		
7/12/06		ı	_06000069587				
3. Date of filing/registration in Florida		4	4. Document number				
5. The name of the regis Florida Department o		e registered office ac	ldress as shown on th	ne records of the			
•	Louis E. Vogt						
		Name					
	707 Mendham	Blvd., Suite 201		a.	₹.		
	-	Address		Š	<u>135</u>		
	Orlando, FL 32	825 City, State and Zip		APR -4	물곰		
			_	1	97		
6. The name and addres	s of the new registe	ered agent and/or of	fice:		87.		
	Louis E. Vogt				- 중심 - 이사		
		Name	<u> </u>		35		
	495 N. Keller Ro	oad, Suite 301,		39	<u> </u>		
	Florida street a	address (P.O. Box N	OT acceptable)		₹.		
	Maitland	FL 32751					
		City, State and Zip	•				
If the limited liability co confirmed that after the and the business office liability company, it is h of the members of the l or the operating agreem (Signature of a member of auth	change or changes of the registered ag nereby confirmed the imited liability con- ent of the limited l	s are made, the Floricent will be identical hat the change(s) wan pany or as otherwisiability company.	da street address of th . Or, in the case of a s/were authorized by	ne registered offic Florida limited an affirmative v	ote		
Louis E. Vogt	_						
(Printed or typed name of signs	;c)						
I hereby accept the app comply with the provisi and I am familiar with a Chapter 608, F.S. Or, i address, I hereby comp	pointment as registed ons of all statutes rand accept the oblights document is method that the limited is	ered agent and agre relative to the proper gations of my position being filed to merely liability company ha	e to act in this capaci on as registered agen or reflect a change in t s been notified in wri	ity. I further agre mance of my dut t as provided for he registered offi iting of this chan	e to ies, in ce ge.		
(Signature of Registered Agent	1)						

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