LD6000669623

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to I	Filing Officer:	

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APR - 7 2008

EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BRM Sand Lake Pointe, L (Name of	LC Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to th	e following:		
Jill M. Lager				
(Name of Person)	· · · · · · · · · · · · · · · · · · ·			
Banyan Realty Advisors, LLC				
(Firm/Company)				
1665 Palm Beach Lakes Blvd., Suite 4	100			
(Address)				
West Palm Beach, Fl 33401				
(City/State and Zip Code)				
For further information concerning this ma	tter, please call:			
Jill M. Lager	at (561	478-9800 ×107		
(Name of Person)		Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	1 allan	nassee, Florida 32314		
Enclosed is a check for the follow	ing amount:			
\$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 limite	ed liability comp	any is: BRM Sand La	ake Pointe, LLC		
2. The mailing address o	f the limited liab	oility company is: 4	95 N. Keller Road, S	uite 301,	
Maitland, FL 32751					
7/12/06			L06000069623		
3. Date of filing/registration in Florida			4. Document numb	per	
5. The name of the registresisted Department of		ne registered office a	address as shown or	the records of the	
	Louis E. Vog	t			
		Name			
707 Mendham Blvd., Suite 201					<u>0</u>
Address			80	¥S.	
	Orlando, FL 32	City, State and Zij		AP	ŠS
6. The name and address of the new registered agent and/or office:			08 APR -4	ETAR:	
	Louis E. Vogt				25 25 25 25 25 25 25 25 25 25 25 25 25 2
Name				98°	
	495 N. Keller Road, Suite 301,		1:40	A	
	Florida street	address (P.O. Box N	NOT acceptable)	•	2
	Maitland	FL 3275	1		
		City, State and Zip			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author)	hange or change f the registered a creby confirmed nited liability co nt of the limited	es are made, the Flor gent will be identicated that the change(s) we empany or as otherwall Mability company.	ida street address o al. Or, in the case o as/were authorized	f the registered off of a Florida limited by an affirmative	vote
Louis E. Vogt					
(Printed or typed name of signee					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as regis ns of all statutes nd accept the obli this document is that the limited	tered agent and agr relative to the propo ligations of my posit Seing filed to merei liability company h	ee to act in this cap er and complete per ion as registered as ly reflect a change i as been notified in	acity. I further ag formance of my di gent as provided fo n the registered of writing of this chai	ree to ities, r in fice ige.
(Signature of Registered Agent)	- CV	4			

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