2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT #L07000121843** 04-18-2008 90172 001 *5,966.25 BRM HERITAGE CORTLAND ESTATES, LLC Mailing Address Principal Place of Business 707 MENDHAM BLVD, STE 201 707 MENDHAM BLVD, STE 201 ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 495 N. Keller Rd. 495 N. Keller Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 02292008 CR2E083 (12/06) Chg-LLC Ste. 301 Ste. 301 Applied For City & State 4. FEI Number City & State Not Applicable Maitland, Maitland, Country Country \$5.00 Additional Zip Zip 5. Certificate of Status Desired П Fee Required 32751 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Louis E. Vogt VOGT, LOUIS E Street Address (P.O. Box Number is Not Acceptable) 707 MENDHAM BLVD, STE 201 ORLANDO, FL 32825 495 N. Keller Rd., Ste. 301 Maitland 8. The above named entity submits this statement for the purpos of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agenj SIGNATURE Signature, typed 4-15-08 <u>Louis E. Voqt</u> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Manager TITLE TITLE Change Addition Louis E. Vogt NAME NAME STREET ADDRESS STREET ADDRESS 495 N. Keller Rd., Ste. 301 CITY-ST-ZIP CITY-ST-7IP Maitland, FL 32751 ☐ Defete TITLE ☐ Change ☐ Addition TITLE Manager NAME Scott Zimmerman STREET ADDRESS STREET ADDRESS 495 N. Keller Rd., Ste. 301 CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751 ☐ Addition TITLE ☐ Delete ☐ Change Manager NAME NAME James Kincaid STREET ADDRESS STREET ADDRESS 5505 N. Atlantic Ave. #108 CITY+ST-ZIP CITY-ST-ZIP Cocoa Beach, FL 32931 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CETY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes. Louis E. Voqt 4-15-08 407-478-1290 MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

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