

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90172 001 *5,966.25

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02292008 Chg-LLC CR2E083 (12/06)

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|--|--|--|---|--|--|
| DOCUMENT # L07000121845 1. Entity Name BRM HERITAGE RIDGEMONT, LLC | | | | | |
| Principal Place of Business 707 MENDHAM BLVD STE 201 ORLANDO, FL 32825 | | | Mailing Address 707 MENDHAM BLVD STE 201 ORLANDO, FL 32825 | | |
| 2. Principal Place of Business - No P.O. Box # 495 N. Keller Rd. Suite, Apt. #, etc. Ste. 301 | | 3. Mailing Address 495 N. Keller Rd. Suite, Apt. #, etc. Ste. 301 | | 4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable | |
| City & State Maitland, FL | | City & State Maitland, FL | | | |
| Zip 32751 | | Zip 32751 | | | |
| Country USA | | Country USA | | | |
| 6. Name and Address of Current Registered Agent VOGT, LOUIS E 707 MENDHAM BLVD STE 201 ORLANDO, FL 32825 | | | 7. Name and Address of New Registered Agent 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: Louis E. Vogt 4-15-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Louis E. Vogt 495 N. Keller Rd., Ste. 301 Maitland, FL 32751 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Scott Zimmerman 495 N. Keller Rd., Ste. 301 Maitland, FL 32751 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager James Kincaid 5505 N. Atlantic Ave., #108 Cocoa Beach, FL 32931 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: Louis E. Vogt 4-15-08 407-478-1290 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |