

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90172 001 \*5,966.25

**DOCUMENT # L07000121850**

1. Entity Name  
**BRM HERITAGE FAIR OAK ESTATES, LLC**



Principal Place of Business  
**707 MENDHAM BLVD., SUITE 201  
ORLANDO, FL 32825**

Mailing Address  
**707 MENDHAM BLVD., SUITE 201  
ORLANDO, FL 32825**

**30004260**



2. Principal Place of Business - No P.O. Box #  
**478 N. Keller Rd.**

3. Mailing Address  
**478 N. Keller Rd.**

Suite, Apt. #, etc.  
**Ste. 301**

Suite, Apt. #, etc.  
**Ste. 301**

02292008 Chg-LLC CR2E083 (12/06)

City & State  
**Maitland, FL**

City & State  
**Maitland, FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip  
**32751**

Country  
**USA**

Zip  
**32751**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**VOGT, LOUIS E  
707 MENDHAM BLVD., SUITE 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*

**Louis E. Vogt**

**4-15-08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE **Manager** ☐ Delete  
NAME **Louis E. Vogt**  
STREET ADDRESS **495 N. Keller Rd., Ste. 301**  
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **Manager** ☐ Delete  
NAME **Scott Zimmerman**  
STREET ADDRESS **495 N. Keller Rd., Ste. 301**  
CITY-ST-ZIP **Maitland, FL 32751**

TITLE **Manager** ☐ Delete  
NAME **James Kincaid**  
STREET ADDRESS **5505 N. Atlantic Ave., #108**  
CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

**Louis E. Vogt**

**4-15-08**

**407-478-1290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #