


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 # L07000121858					
1. Entity Name BRM HERITAGE RIVERS BEND, 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.		3. Mailing Address 495 N. Keller Rd.			
Suite, Apt. #, etc. Ste. 301		Suite, Apt. #, etc. Ste. 301			
City & State Maitland, FL		City & State Maitland, FL			
Zip 32751	Country USA	Zip 32751	Country USA	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02292008 Chg-LLC CR2E083 (12/06)	
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 <u>Louis E. Vogt</u> Street Address (P.O. Box Number is Not Acceptable) <u>495 N. Keller Rd., Ste. 301</u> City <u>Maitland</u> FL Zip Code <u>32751</u>		
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 <u><i>Louis E. Vogt</i></u> <u>Louis E. Vogt</u> <u>4-15-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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: <u><i>Louis E. Vogt</i></u> <u>Louis E. Vogt</u> <u>4-15-08</u> <u>407-478-1290</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					