

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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| DOCUMENT # L07000121871 | | | | | |
| 1. Entity Name BRM HERITAGE COBBLESTONE CORNERS, LLC | | | | | |
| Principal Place of Business 707 MENDHAM BLVD., SUITE 201 ORLANDO, FL 32825 | | | Mailing Address 707 MENDHAM BLVD., SUITE 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 | | | |
| City & State Maitland, FL | | City & State Maitland, FL | | 4. FEI Number | |
| Zip 32751 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. 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 <u>Louis E. Vogt</u> Street Address (P.O. Box Number is Not Acceptable) 495 N. Keller Rd., Ste. 301 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></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 renating) 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 | |
| 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></u> <u>Louis E. Vogt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>4-15-08</u> <small>Date</small> | | <u>407-478-1290</u> <small>Daytime Phone #</small> |