

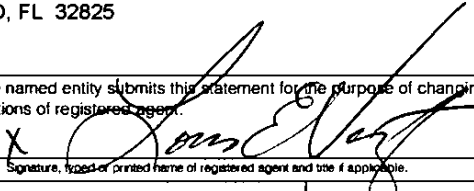
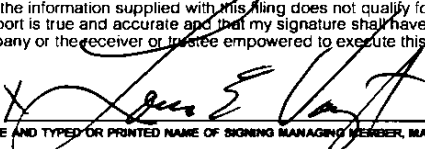


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L07000121875</b> 1. Entity Name <b>BRM HERITAGE TRADEWINDS HAMMOCKS, LLC</b>					
Principal Place of Business <b>707 MENDHAM BLVD STE 201 ORLANDO, FL 32825</b>			Mailing Address <b>707 MENDHAM BLVD STE 201 ORLANDO, FL 32825</b>		
2. Principal Place of Business - No P.O. Box # <b>495 N. Keller Rd.</b>		3. Mailing Address <b>495 N. Keller Rd.</b>			
Suite, Apt. #, etc. <b>Ste. 301</b>		Suite, Apt. #, etc. <b>Ste. 301</b>			
City & State <b>Maitland, FL</b>		City & State <b>Maitland, FL</b>			
Zip <b>32751</b>	Country <b>USA</b>	Zip <b>32751</b>	Country <b>USA</b>		
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VOGT, LOUIS E 707 MENDHAM BLVD STE 201 ORLANDO, FL 32825</b>			7. Name and Address of New Registered Agent Name <b>Louis E. Vogt</b> Street Address (P.O. Box Number is Not Acceptable) <b>495 N. Keller Rd., Ste. 301</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>		
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  <b>Louis E. Vogt</b> <b>4-15-08</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Louis E. Vogt</b> <b>495 N. Keller Rd., Ste. 301</b> <b>Maitland, FL 32751</b>	<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	Manager <b>Scott Zimmerman</b> <b>495 N. Keller Rd., Ste. 301</b> <b>Maitland, FL 32751</b>	<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	Manager <b>James Kincaid</b> <b>5505 N. Atlantic Ave. #108</b> <b>Cocoa Beach, FL 32931</b>	<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	<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	<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:  <b>Louis E. Vogt</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>4-15-08</b> <small>Date</small>		<b>407-478-1290</b> <small>Daytime Phone #</small>