

# 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 # L07000121877</b>					
<b>1. Entity Name</b> BRM HERITAGE WATERFORD, 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.			
Suite, Apt. #, etc. Ste. 301		Suite, Apt. #, etc. Ste. 301			
City & State Maitland, FL		City & State Maitland, FL			
Zip 32751		Zip 32751			
Country USA		Country USA		02292008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>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</b> 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		
<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.</b> 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 reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Louis E. Vogt 495 N. Keller Rd., Ste. 301 Maitland, FL 32751		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Scott Zimmerman 495 N. Keller Rd., Ste. 301 Maitland, FL 32751		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager James Kincaid 5505 N. Atlantic Ave., #108 Cocoa Beach, FL 32931		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE:</b>			Louis E. Vogt		4-15-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		407-478-1290 <small>Daytime Phone #</small>