

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 # L07000121879

1. Entity Name
BRM HERITAGE WILLOW GLEN, LLC



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

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

30004288



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

03032008 Chg-LLC CR2E083 (12/06)

City & State
Maitland, FL

City & State
Maitland, FL

4. FEI Number
☒ Applied For
☐ Not Applicable

Zip Country
32751 USA

Zip Country
32751 USA

5. Certificate of Status Desired ☐ \$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
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 *[Signature]* 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: *[Signature]* Louis E. Vogt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-08

407-478-1290

Date

Daytime Phone #