

# 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 # L07000121885**

1. Entity Name  
**BRM HERITAGE SAYLE VILLAGE, LLC**



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

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

00004670



2. Principal Place of Business - No P.O. Box #  
**495 N. Keller Rd.**

3. Mailing Address  
**495 N. Keller Rd.**

03032008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.  
**Ste. 301**

Suite, Apt. #, etc.  
**Ste. 301**

4. FEI Number

Applied For  
☒ Not Applicable

City & State  
**Maitland, FL**

City & State  
**Maitland, FL**

Zip  
**32751**

Country  
**USA**

Zip  
**32751**

Country  
**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]*  
Signature, typed or printed name of registered agent and title if applicable

**Louis E. Vogt**

**4-15-08**

(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  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
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TITLE  
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TITLE  
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CITY-ST-ZIP  
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## 10. ADDITIONS/CHANGES

TITLE  
☐ Change ☐ Addition  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
☐ Change ☐ Addition  
CITY-ST-ZIP  
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CITY-ST-ZIP  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Louis E. Vogt**

**4-15-08**

**407-478-1290**

Date

Daytime Phone #