

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 # L07000121920

1. Entity Name
BRM HERITAGE VILLAGE IN ROANOKE, LLC



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

Mailing Address
**707 MENDHAM BLVD STE 201
ORLANDO, FL 32825**

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

03042008 Chg-LLC CR2E083 (12/06)

City & State
Maitland, FL

City & State
Maitland, FL

4. FEI Number Applied For
☒ Not Applicable

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, LOUISE E
707 MENDHAM BLVD STE 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

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
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

TITLE
☐ Delete
NAME
☐ Delete
STREET ADDRESS
☐ Delete
CITY-ST-ZIP
☐ Delete

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Louis E. Vogt

4-15-08

Date

407-478-1290

Daytime Phone #