

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 # L07000121929

1. Entity Name
BRM HERITAGE TWIN OAKS, LLC



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

Mailing Address
707 MENDHAM BLVD STE 201
ORLANDO, FL 32825

30004281



2. Principal Place of Business - No P.O. Box #
495 N. Keller Rd.
Suite, Apt. #, etc.
Ste. 301

3. Mailing Address
495 N. Keller Rd.
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 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 STE 201
ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name Louis E. Vagt
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. Vagt 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 NAME STREET ADDRESS CITY-ST-ZIP	Manager Louis E. Vagt 495 N. Keller Rd., Ste. 301 Maitland, FL 32751	<input type="checkbox"/> Delete
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	Manager James Kincaid 5505 N. Atlantic Ave., #108 Cocoa Beach, FL 32931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* Louis E. Vagt 4-15-08 407-478-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #