


# 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 # L07000121950</b>	
1. Entity Name <b>BRM HERITAGE HARDIN HAMMOCK, 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>
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**30004265**



2. Principal Place of Business - No P.O. Box # <b>494 N. Keller Rd.</b> Suite, Apt. #, etc. <b>Ste. 301</b> City & State <b>Maitland, FL</b> Zip <b>32751</b>	3. Mailing Address <b>495 N. Keller Rd.</b> Suite, Apt. #, etc. <b>Ste. 301</b> City & State <b>Maitland, FL</b> Zip <b>32751</b>
Country <b>USA</b>	Country <b>USA</b>

03042008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>VOGT, LOUIS E 707 MENDHAM BLVD STE 201 ORLANDO, FL 32825</b>	
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7. Name and Address of New Registered Agent Name <b>Louis E. Vogt</b> Street Address (P.O. Box Number is Not Acceptable) <b>495 N. Keller Rd., Ste. 301</b> City <b>Maitland</b> <b>FL</b> Zip Code <b>32751</b>	
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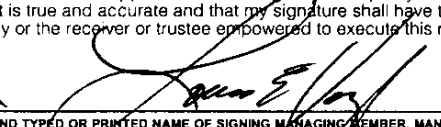
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Louis E. Vogt</b> <b>495 N. Keller Rd., Ste. 301</b> <b>Maitland, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>Scott Zimmerman</b> <b>495 N. Keller Rd., Ste. 301</b> <b>Maitland, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager <b>James Kincaid</b> <b>5505 N. Atlantic Ave., #108</b> <b>Cocoa Beach, FL 32931</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:**  **Louis E. Vogt** **4-15-08** **407-478-1290**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #