## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # L07000121953** 04-18-2008 90172 001 \*5,966.25 BRM HERITAGE ROYAL PALM LAKES, LLC Principal Place of Business Mailing Address 707 MENDHAM BLVD., SUITE 201 707 MENDHAM BLVD., SUITE 201 30004274 ORLANDO, FL 32825 ORLANDO, FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 495 N. Keller Rd. 495 N. Keller Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 Chg-LLC CR2E083 (12/06) Ste. 301 Ste. 301 City & State City & State 4. FEI Number Applied For Maitland, FL Maitland, FL X Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 32751 32751 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Louis E. Voqt VOGT, LOUIS E Street Address (P.O. Box Number is Not Acceptable) 707 MENDHAM BLVD., SUITE 201 ORLANDO, FL 32825 495 N. Keller Rd., Ste. 301 Maitland 8. The above named entity submits this etement 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 Louis E. Vogt SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Manager TITLE TITLE Delete ☐ Change ☐ Addition Louis E. Voqt NAME NAME STREET ADDRESS 495 N. Keller Rd., Ste. 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751 Manager TITLE ☐ Delete TITLE ☐ Change ■ Addition Scott Zimmerman NAME NAME STREET ADDRESS 495 N. Keller Rd., Ste. 301 STREET ADDRESS CITY-ST-ZIP Maitland, FL 32751 CITY-ST-ZIP Manager TITLE ☐ Delete Change ■ Addition NAME James Kincaid NAME STREET ADDRESS 5505 N. Atlantic Ave., #108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cocoa Beach, FL 32931 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Louis E. Voqt

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

SIGNATURE:

4-15-08

Date

407-478-1290

Daytime Phone #

FILED