2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # L07000121954** 04-18-2008 90172 001 *5,966.25 BRM HERITAGE GIFFORD GROVES, LLC Principal Place of Business Mailing Address 707 MENDHAM BLVD STE 201 707 MENDHAM BLVD STE 201 30004263 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 Applied For City & State 4. FEI Number Maitland, FL Maitland, FL X Not Applicable Country Żip Country \$5.00 Additional 5. Certificate of Status Desired 32751 USA 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 STE 201 ORLANDO, FL 32825 495 N. Keller Rd., Ste. 301 Maitland registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits th the obligations of registered agent Louis E. Vogt (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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Manager TITLE □ Delete TITLE ☐ Change Addition Louis E. Vogt NAME NAME 495 N. Keller Rd., Ste. 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751 Manager ☐ Delete ☐ Change ■ Addition TITLE Scott Zimmerman NAME NAME 495 N. Keller Rd., Ste. 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Maitland, FL 32751 CITY-ST-ZIP Manager TITLE ☐ Delete TITLE ☐ Change ☐ Addition James Kincaid NAME STREET ADDRESS STREET ADDRESS 5505 N. Atlantic Ave. #108 CITY-ST-ZIP CITY-ST-ZIP Cocoa Beach, FL 32931 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Vogt

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: 1

FILED

4-15-08

Date

407-478-1290

Daytime Phone #