

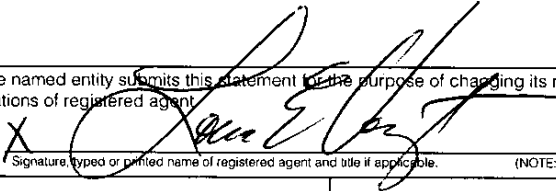
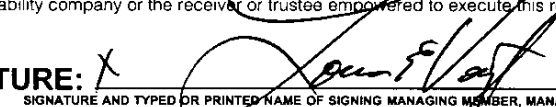


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90172 001 *5,966.25

DOCUMENT # L07000122234 1. Entity Name BRM HERITAGE CASA QUINTANA, LLC					
Principal Place of Business 707 MENDHAM BLVD. SUITE 201 ORLANDO, FL 32825				Mailing Address 707 MENDHAM BLVD. SUITE 201 ORLANDO, FL 32825	
2. Principal Place of Business - No P.O. Box # 495 N. Keller Rd. Suite, Apt. #, etc. Ste. 301 City & State Maitland, FL		3. Mailing Address 495 N. Keller Rd. Suite, Apt. #, etc. Ste. 301 City & State Maitland, FL		 03042008 Chg-LLC CR2E083 (12/06)	
Zip 32751		Country USA		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32751		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VOGT, LOUIS E 707 MENDHAM BLVD. SUITE 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 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Louis E. Vogt <input type="checkbox"/> Delete 495 N. Keller Rd., Ste. 301 Maitland, FL 32751			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Scott Zimmerman <input type="checkbox"/> Delete 495 N. Keller Rd., Ste. 301 Maitland, FL 32751			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager James Kincaid <input type="checkbox"/> Delete 5505 N. Atlantic Ave., #108 Cocoa Beach, FL 32931			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	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	