2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # L07000122235 04-18-2008 90172 001 *5,966.25 BRM HERITAGE EDISTO, LLC Principal Place of Business Mailing Address 707 MENDHAM BLVD. 707 MENDHAM BLVD. **SUITE 201** SUITE 201 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 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 Name Louis E. Vogt 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 pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity subfaits this the obligations of registered agent 4-15-08 Louis E. Voqt SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE of registered agent and title if age Make check payable to FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Manager TITLE TITLE ☐ Change ☐ Addition Louis E. Voqt NAME NAME 495 N. Keller Rd., Ste. 301 STREET ADDRESS STREET ADDRESS Maitland, FL 32751 CITY-ST-ZIP CITY-ST-7IP Manager ☐ Addition ☐ Delete TITLE Scott Zimmerman NAME STREET ADDRESS STREET ADDRESS 495 N. Keller Rd., Ste. 301 CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751 Manager ☐ Delete TITLE Change ☐ Addition NAME NAME James Kincaid 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. Voat

AND TYPED OR PRINTED NAME OF SIGNING MANAGING

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-08

Date

407-478-1290

FILED