

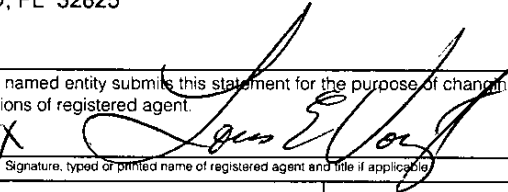
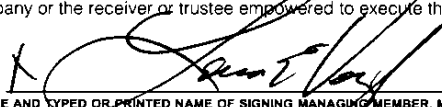


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90172 001 \*5,966.25

<b>DOCUMENT # L07000122237</b> 1. Entity Name <b>BRM HERITAGE MANATEE POND, LLC</b>					
Principal Place of Business <b>707 MENDHAM BLVD. SUITE 201 ORLANDO, FL 32825</b>			Mailing Address <b>707 MENDHAM BLVD. SUITE 201 ORLANDO, FL 32825</b>		
2. Principal Place of Business - No P.O. Box # <b>495 N. Keller Rd.</b> Suite, Apt. #, etc. <b>Ste. 301</b>		3. Mailing Address <b>495 N. Keller Rd.</b> Suite, Apt. #, etc. <b>Ste. 301</b>			
City & State <b>Maitland, FL</b>		City & State <b>Maitland, FL</b>		03042008    Chg-LLC    CR2E083 (12/06)	
Zip <b>32751</b>		Country <b>USA</b>		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>VOGT, LOUIS E 707 MENDHAM BLVD. SUITE 201 ORLANDO, FL 32825</b>			<b>7. Name and Address of New Registered Agent</b> 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>		
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 		<b>Louis E. Vogt</b> (NOTE: Registered Agent signature required when reinstating)		<b>4-15-08</b> 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>		
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	<b>Manager</b> <input type="checkbox"/> Delete				
NAME	<b>Louis E. Vogt</b>				
STREET ADDRESS	<b>495 N. Keller Rd., Ste. 301</b>				
CITY-ST-ZIP	<b>Maitland, FL 32751</b>				
TITLE	<b>Manager</b> <input type="checkbox"/> Delete				
NAME	<b>Scott Zimmerman</b>				
STREET ADDRESS	<b>495 N. Keller Rd., Ste. 301</b>				
CITY-ST-ZIP	<b>Maitland, FL 32751</b>				
TITLE	<b>Manager</b> <input type="checkbox"/> Delete				
NAME	<b>James Kincaid</b>				
STREET ADDRESS	<b>5505 N. Atlantic Ave., #108</b>				
CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>10. ADDITIONS/CHANGES</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
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.					
<b>SIGNATURE:</b> 		<b>Louis E. Vogt</b>		<b>4-15-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	