


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 # L07000122242	
1. Entity Name BRM HERITAGE WHITEHILL ESTATES II, LLC	

Principal Place of Business 707 MENDHAM BLVD. SUITE 201 ORLANDO, FL 32825	Mailing Address 707 MENDHAM BLVD. SUITE 201 ORLANDO, FL 32825
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2. Principal Place of Business - No P.O. Box # 495 N. Keller Rd.	3. Mailing Address 495 N. Keller Rd.
Suite, Apt. #, etc. Ste. 301	Suite, Apt. #, etc. Ste. 301

City & State Maitland, FL	City & State Maitland, FL
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Zip 32751	Country USA	Zip 32751	Country USA
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03042008 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VOGT, LOUIS E 707 MENDHAM BLVD. SUITE 201 ORLANDO, FL 32825	
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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.

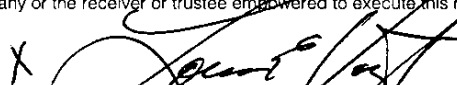
SIGNATURE  **Louis E. Vogt** 4-15-08
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE Manager	<input type="checkbox"/> Delete
NAME Louis E. Vogt	
STREET ADDRESS 495 N. Keller Rd., Ste. 301	
CITY-ST-ZIP Maitland, FL 32751	
TITLE Manager	<input type="checkbox"/> Delete
NAME Scott Zimmerman	
STREET ADDRESS 495 N. Keller Rd., Ste. 301	
CITY-ST-ZIP Maitland, FL 32751	
TITLE Manager	<input type="checkbox"/> Delete
NAME James Kincaid	
STREET ADDRESS 5505 N. Atlantic Ave., #108	
CITY-ST-ZIP Cocoa Beach, FL 32931	
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	

10. ADDITIONS/CHANGES	
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.

SIGNATURE:  **Louis E. Vogt** 4-15-08 407-478-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #