

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 # L07000122270

1. Entity Name
BRM HERITAGE INWOOD COLONY, LLC



Principal Place of Business
707 MENDHAM BLVD., STE. 201
ORLANDO, FL 32825

Mailing Address
707 MENDHAM BLVD., STE. 201
ORLANDO, FL 32825

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

03042008 Chg-LLC CR2E083 (12/06)

City & State
Maitland, FL

City & State
Maitland, FL

4. FEI Number

Applied For
☒ Not Applicable

Zip
32751

Country
USA

Zip
32751

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGT, LOUIS E
707 MENDHAM BLVD., STE. 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

Signature, typed or printed name of registered agent and title if applicable.

Louis E. Vogt

4-15-08

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Louis E. Vogt
495 N. Keller Rd., Ste. 301
Maitland, FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Scott Zimmerman
495 N. Keller Rd., Ste. 301
Maitland, FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
James Kincaid
5505 N. Atlantic Ave., #108
Cocoa Beach, FL 32931 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Louis E. Vogt

4-15-08

Date

407-478-1290

Daytime Phone #