

# 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 # L07000122287**

1. Entity Name  
BRM HERITAGE WHITEHILL ESTATES I, 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

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

03042008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

Applied For

☒ Not Applicable

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]*

Louis E. Vogt

4-15-08

DATE

(NOTE: Registered Agent signature required when reappointing)

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ 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: ☒

*[Signature]*  
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 #