

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000058383

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** BRM FLORIDA BUENA VISTA POINTE ILP, LLC

**Current Principal Place of Business:**

117 E AMELIA ST  
ORLANDO, FL 32801

**New Principal Place of Business:**

501 N MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

**Current Mailing Address:**

117 E AMELIA ST  
ORLANDO, FL 32801

**New Mailing Address:**

501 N MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

**FEI Number:** 26-2885409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOGT, LOUIS E  
117 E AMELIA ST  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

VOGT, LOUIS E  
501 N MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

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.

**SIGNATURE:** LOUIS E VOGT

02/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** VOGT, LOUIS E  
**Address:** 501 N MAGNOLIA AVENUE  
**City-St-Zip:** ORLANDO, FL 32801 US

**Title:** MGR  
**Name:** ZIMMERMAN, SCOTT  
**Address:** 501 N MAGNOLIA AVENUE  
**City-St-Zip:** ORLANDO, FL 32801 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

02/10/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date