


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001088	
1. Entity Name VERO PALM ESTATES LTD.	

Principal Place of Business 8320 WEST SUNRISE BLVD., STE. 203 PLANTATION, FL 33322	Mailing Address 8320 WEST SUNRISE BLVD., STE. 203 PLANTATION, FL 33322
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02142007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0756492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOLSTEIN, GERALD K C.P.A.
 8320 WEST SUNRISE BLVD., STE. 203
 PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOLDEN, JOHN 8320 WEST SUNRISE BLVD., STE. 108 PLANTATION, FL 33322
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOLDEN, MARY ANN 8320 WEST SUNRISE BLVD., STE 108 PLANTATION, FL 33322
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOLDEN, PETER W 8320 WEST SUNRISE BLVD., STE. 108 PLANTATION, FL 33322
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOLDEN, JANET 8320 WEST SUNRISE BLVD., STE. 108 PLANTATION, FL 33322
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOLDEN, DANIEL 8320 WEST SUNRISE BLVD., STE. 108 PLANTATION, FL 33322
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HOLDEN, DONNA 8320 WEST SUNRISE BLVD., STE. 108 PLANTATION, FL 33322

U00000689957
 04/11/07-80055-017 500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: John Holden JOHN HOLDEN 2/27/07 813 740892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #