

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

C 17743

DOCUMENT # L02000035192

1. Entity Name

VERO GROVES, LLC



FILED

2003 NOV 19 AM 9:29

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1983 CENTRE POINTE BOULEVARD, STE 100
TALLAHASSEE FL 32308

Mailing Address
1983 CENTRE POINTE BOULEVARD, STE 100
TALLAHASSEE FL 32308

2. Principal Place of Business
7206 SW 146th Street Cir
Suite, Apt. #, etc.

3. Mailing Address
7206 SW 146th Street Cir.
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
Applied For
☒ Not Applicable

Zip Country Zip Country
33158 USA 33158 USA

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

6. Name and Address of Current Registered Agent
HOUFF, JANICE T
1983 CENTRE POINTE BOULEVARD, STE 100
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
Name
Mark S. Brown
Street Address (P.O. Box Number is Not Acceptable)
7206 SW 146th Street Cir.
City Miami FL Zip Code 33158

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] DATE 7/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM First American Vero Groves, Inc. 1983 Centre Pte. Blvd., #100 Tallahassee, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOMA, L.C., a Utah lim. liab. co. 7206 SW 146th Street Circle Miami, Florida 33158 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100023863384 11/19/03--01003--024 **100.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023863384 10/16/03--01088--001 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

BY: BOMA, L.C.- Mark S. Brown, Manager

SIGNATURE: [Signature] SIGNATURE REQUIRED

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

7/21/03 305-251-8134
Date Daytime Phone #

CR2E083 (4/03)