

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90247 023 ***138.75

DOCUMENT # L07000018517

1. Entity Name

RFF VERO PROPERTIES, LLC



Principal Place of Business

2020 WEST MCNAB, SUITE 101
 FT. LAUDERDALE FL 33309

Mailing Address

2020 WEST MCNAB, SUITE 101
 FT. LAUDERDALE FL 33309



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENNICK, SANDRA G
 979 BEACHLAND BLVD.
 VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when renewing)

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		members Robert F. Fehlhober 2020 W. McNab Rd Ft. Lauderdale FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert F. Fehlhober

954-971-3821

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

Robert F. Fehlhober/President

Date

Day/Evening Phone #