


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90021 026 \*\*\*\*50.00

**DOCUMENT # L05000040612**

1. Entity Name  
**VER U.S. 1, LLC**



Principal Place of Business  
**901 PONCE DE LEON BOULEVARD, SUITE 603  
 CORAL GABLES, FL 33134**

Mailing Address  
**901 PONCE DE LEON BOULEVARD, SUITE 603  
 CORAL GABLES, FL 33134**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number **APPLIED FOR**

<input checked="" type="checkbox"/> Applied For
<input type="checkbox"/> Not Applicable

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	
ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENAO, LUIS 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLGA HENAO 901 PONCE DE LEON SUITE 603 CORAL GABLES, FL 33134 <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
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 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: Olga Henao Date: 4/5/06 Daytime Phone #: (305) 444-1741

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