2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A03000001109 1. Entity Name 08 MAY - 1 PM 4: 29 VERÓ BEACH PROPERTIES INVESTMENTS, LLLP Principal Place of Business Mailing Address 1600 SAWGRASS CORP PRKWY, SUITE 300 1600 SAWGRASS CORP PRKWY, SUITE 300 SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 04162008 Chg-LP CR2E003 (12/06) Suite 230 Suite 230 City & State 4. FEI Number Applied For 56-2386656 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Vero Bezon Properties Investments Corp GRANT, MARK F ESQ RUDEN, MCCLOSKY, SMITH, ET AL Street Address (P.O. Box Number is Not Acceptable) 200 E BROWARD BLVD, STE 1500 FORT LAUERDALE, FL 33301 600 Sougrass are Prum 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 4/27/08 SIGNATURE Signature, typed or printed name FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P03000084464 DOCUMENT # STREET ADDRESS 1600 Sawgrass Corp Pkwy, Suite 230 NAME VERO BEACH PROPERITES INVESTMENT CORP. STREET ADDRESS 1600 SAWGRASS CORP PRKWY, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP SUNRISE, FL 33323 Sunrise, FL 33323 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 50012808, DOCUMENT # 05/01/08--01046--001 STREET ADDRESS **500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

RICHARD M. NORWALK

FILED

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