

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 MAR 15 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02062007 Chg-LP CR2E003 (12/06)

DOCUMENT # B06000000452					
1. Entity Name M/W VERO, LTD.					
Principal Place of Business 8135 LAKE WORTH ROAD, STE B LAKE WORTH, FL 33467			Mailing Address 8135 LAKE WORTH ROAD, STE B LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 13-4290922				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLMAN, NANCY ESQ 150 E. PALMETTO PARK ROAD, STE 750 BOCA RATON, FL 33467				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	L05000122983				
NAME	PSL/VERO, LLC				
STREET ADDRESS	8135 LAKE WORTH ROAD, STE B				
CITY-ST-ZIP	LAKE WORTH, FL 33467				
DOCUMENT #					
NAME					
STREET ADDRESS					
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13. ADDRESS CHANGES ONLY					
STREET ADDRESS					
CITY-ST-ZIP					
STREET ADDRESS		400094624054			
CITY-ST-ZIP		03/23/07--01053--007 **508.75			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date: 3/9/07 Daytime Phone #: 561-357-0121					

STAPLE CHECK HERE