

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90036 047 ****50.00

DOCUMENT # L00000002621

1. Entity Name
JERO FORT PIERCE, L.L.C.



Principal Place of Business
6300 N.E. 1ST AVENUE, SUITE 300
FORT LAUDERDALE, FL 33334

Mailing Address
6300 N.E. 1ST AVENUE, SUITE 300
FORT LAUDERDALE, FL 33334

60040204



04042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996576	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SADER, ESQ., ROBERT L.
1901 W. CYPRESS CREEK ROAD
SUITE 415
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROSCHMAN, JEFFREY S
STREET ADDRESS	6300 N.E. 1ST AVENUE, SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334

TITLE	MGRM
NAME	ROSCHMAN, ROBERT J
STREET ADDRESS	6300 N.E. 1ST AVENUE, SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334

TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date _____

Daytime Phone # _____