## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## **DOCUMENT # L01000015979**

1. Entity Name VERETECH, LLC



SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAY 19 AH 10: 29

561-544,1404

|  | •   |                                       | •                                      |                           | 1                                     |   |  |                        | HIT IU                 | . 29                      |              |
|--|---|---------------------------------------|--|---------------------------|---------------------------------------|---|--|------------------------|------------------------|---------------------------|--------------|
| Principal Place  | e of Business   |                                       | Mailing Address                        | <u>-</u> -                |                                       |   |  |                        |                        |                           |              |
| 150 E. PALMETTO PARK ROAD<br>Suite 340                           |   |                                       | 150 E. PALMETTO PARK ROAD<br>Suite 340 |                           |                                       |   |  |                        |                        |                           |              |
| BOCA RATON, FL 33432   |   | BOCA RATON, FL 33432                  |  |                           | Ì                                     | A American  | <b>22:0</b> 1 MBN 8276 8270 887                  | ri ddiai malli at      | dia tani cama il       | itāki m me                |              |
| 2. Principal Place of Business                                   |   | 3. Mailing Address                    |  |                           |                                       | <b>XIIII</b>  |  |                        |                        |                           |              |
| Suite, Apt. #, etc.  |   |                                       | Suite, Apt. #, etc.                    |                           |                                       |   | 04182006   | Chg-LLC                | CR2E0                  | 83 (11/05)                |              |
| City & State   |   | City & State                          |  |                           |                                       | 4. FEI Number Applied For 65-1134758 Not Applicable |  |                        |                        |                           |              |
| Zip  | Zip Country   |                                       | Zip                                    | Country                   |                                       |   | 5. Certificate                                   | of Status Desired      |                        | \$5.00 Add<br>Fee Require |              |
|  | 6. Name and Addres  | s of Current R                        | egistered Agent                        |                           | Name                                  |   | 7. Name and                                      | Address of New R       | egistered A            | lgent                     |              |
| SHEINSON, MICHEAL P  |   |                                       |  |                           | Name                                  |   |  |                        |                        |                           |              |
| 272 S.E. 5TH AVENUE<br>DELRAY BEACH, FL 33483                    |   |                                       | Street Addres                          |                           |                                       | ddress (I   | ss (P.O. Box Number is Not Acceptable)           |                        |                        |                           |              |
| DELRAT BEACH, FL 33403   |   |                                       |  |                           |                                       | ,   |  |                        |                        |                           |              |
|  |   |                                       | Cit                                    |                           |                                       |   |  |                        | FL                     | Zip Coo                   | le           |
|  | named entity submits thi  | s statement for                       | the purpose of changing i              | ts register               | ed office or                          | register  | ed agent, or bol                                 | h, in the State of Flo | orida. I am i          | lamiliar with,            | , and accept |
| SIGNATURE .  |   | · · · · · · · · · · · · · · · · · · · |  |                           |                                       |   |  |                        |                        |                           |              |
|  | Signature, typed or printed name                                  | of registered agent ar                | nd tide if applicable. (N              | OTE: Registere            | ed Agent signatu                      | re required   | when reinstating)                                | <del></del>            | DATE                   |                           |              |
| Filing Fee is \$50.00<br>Due by May 1, 2006                      |   |                                       |  |                           |                                       |   | İ  |                        | e check p<br>a Departm | ayable to<br>ent of Stat  | te           |
| 9.   | ·   | GING MEMBER                           | S/MANAGERS                             | 10.                       |                                       |   |  | ADDITIONS              | /CHANGES               |                           |              |
| TITLE  | MGRM<br>  SHEINSON, MICHAI  | FIP                                   | ☐ Delete                               | TITE                      |                                       |   |  |                        | •                      | Change                    | Addition     |
| STREET ADDRESS   |   |                                       |  | STREET ADDRESS            |                                       |   | <b>300075380093</b><br>05/26/0601052007 **200.00 |                        |                        |                           |              |
| CITY-ST-ZIP  | DELRAY BEACH, FL 33483  |                                       |  |                           | r-ST-ZIP                              |   |  |                        |                        |                           |              |
| TITLE I  | MGR<br>  MC FALL, MICHAEL   | .I                                    | Delete                                 | TITL                      | 1                                     |   |  |                        |                        | ☐ Change                  | ☐ Addition   |
| STREET ADDRESS   | 150 E. PALMETTO F   |                                       | SUITE 340                              |                           | EET ADDRESS                           |   |  |                        |                        |                           |              |
| CTTY-ST-ZIP  | BOCA RATON, FL  |                                       |  | Y-ST-ZIP                  |                                       |   |  |                        |                        | · <u> </u>                |              |
| TITLE<br>NAME  | MGR<br>  DE LAURIER, ARTH   | ILIR                                  | ☐ Delete                               | TITL<br>NAA               |                                       |   |  |                        |                        | ☐ Change                  | ☐ Addition   |
| STREET ADDRESS   | 150 E. PALMETTO   | SUITE 340                             |  | EET ADDRESS               |                                       |   |  |                        |                        |                           |              |
| CITY-ST-ZIP  | BOCA RATON, FL  | 33432                                 |  | CITY                      | Y-ST-ZTP                              |   |  |                        | <u>.</u>               |                           |              |
| TITLE  | MGR   | NT COMPAN                             | ☐ Delete                               | TITE                      |                                       | 20=   | MIFR IN  | VESTMEN'               | T PAO                  | MChange<br>TNEWS          | Addition     |
| NAME<br>STREET ADDRESS   | GROSS INVESTMENT COMPANY, LP 150 E. PALMETTO PARK ROAD, SUITE 340 |                                       |  |                           | EET ADDRESS                           | 1 100   | M.O. (14   |                        |                        | 0,                        | ,000         |
| CTTY-ST-ZIP  | BOCA RATON, FL  | 33432                                 |  | CIT                       | Y-ST-ZIP                              |   |  |                        |                        | <del></del>               |              |
| TIME   | MGR   |                                       | ☐ Delete                               | TITU                      |                                       |   |  |                        |                        | ☐ Change                  | Addition     |
|  | I DOSSI VINCE   |                                       |  |                           | EET ADDRESS                           |   |  |                        |                        |                           |              |
| NAME<br>STREET ADDRESS   | ROSSI, VINCE<br>150 E. PALMETTO I                                 | PARK ROAD,                            | 00                                     |                           |                                       |   |  |                        |                        |                           |              |
|  |   |                                       |  |                           | Y-ST-ZIP                              |   |  |                        |                        |                           |              |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE                           | 150 E. PALMETTO I   |                                       | ☐ Delete                               | TITE                      | LE                                    |   |  | <u></u>                | ····                   | ☐ Change                  | Addition     |
| STREET ADDRESS<br>CITY-ST-ZIP                                    | 150 E. PALMETTO I   |                                       |  | TITE                      | LE                                    |   |  |                        |                        | ☐ Change                  | Addition     |
| STREET ADDRESS CITY-ST-ZIP TITAE NAME STREET ADDRESS CITY-ST-ZIP | 150 E. PALMETTO I<br>BOCA RATON, FL                               | 33432                                 |  | TITE<br>NAJ<br>STR<br>CIT | LE<br>ME<br>NEET ADORESS<br>Y-\$T-ZIP |   |  |                        |                        |                           |              |