

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90087 004 \*\*\*\*50.00

**DOCUMENT # L01000018179**

1. Entity Name

**VERO BEACH PARTNERS, L.L.C.**



Principal Place of Business

**2063 INDIAN RIVER BOULEVARD  
VERO BEACH FL 32960**

Mailing Address

**2063 INDIAN RIVER BOULEVARD  
VERO BEACH FL 32960**

2. Principal Place of Business

**2345 14th Ave**  
Suite, Apt. #, etc. **8**

3. Mailing Address

**2345 14th Ave**  
Suite, Apt. #, etc. **8**

City & State

**Vero Beach, FL**  
Zip **32960** Country **USA**

City & State

**Vero Beach, FL**  
Zip **32960** Country **USA**

4. FEI Number **59-3751265**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SEGAL, BARRY G ESQ.  
BARRY G. SEGAL, P.A.  
2801 OCEAN DRIVE, SUITE 204  
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARDNER, JASON 2063 INDIAN RIVER BOULEVARD VERO BEACH FL 32960</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARDNER, KRISTIN A 2063 INDIAN RIVER BOULEVARD VERO BEACH FL 32960</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Barry G. Segal*  
SIGNATURE REQUIRED  
Acco-untant

Date

Daytime Phone #

**4/30/03 772-299-4722**

CR2E083 (10/02)