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ANNUAL REPORT				Jan 09, 2007 08:00	
DOCUMENT # L02000000922					ecretary of Sta
1. Entity Name MARY O. MITCHELL ENTERPRISES OF VERO BEACH, LLC					·
220 SANDPI	e of Business PER POINT H, FL 32963	Mailing Address 220 SANDPIPER POINT VERO BEACH, FL 32963			######################################
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-	A NOT WOIT	T IN THIS COA	^r	01042007 No Chg-LLC	CR2E083 (11/05)
L.	O NOI WRIII	E IN THIS SPA	CE	4. FEI Number 04-6125803	Applied For Not Applicabl
			,	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent		· · · · · · · · · · · · · · · · · · ·	A STATE OF THE STA
MITCHELL, MARY O 220 SANDPIPER POINT VERO BEACH, FL 32963		DO NOT WRITE IN THIS SPACE			
	named entity submits this statement tions of registered agent.	for the purpose of changing its register	red office or register	ed agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered aget	it and title If applicable. (NOTE: Registers	ed Agent signature required	when reinstaling)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007	**	A SPECIAL CONTRACTOR OF THE PROPERTY OF THE PR	01/10/07-8	79923 10027-008 50.00
9.	MAÑAĞING MEME	ERS/MANAGERS		2. A	The second second
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P MITCHELL, JOHN W 220 SANDPIPER PT. VERO BEACH, FL 32963 VS MITCHELL, MARY 220 SANDPIPER PT.	•			
CITY-ST-ZIP	VERO BEACH, FL 32963				
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE

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

TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

231-0290