2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000005388

1. Entity Name

110 VERA CRUZ CONDO, L.L.C.

Principal Place of Business	Mailing Address
5151 N. A1A, UNIT 110 VERO BEACH, FL 32963	1412 LYTHAM CT. BEL AIR, MD 21015

DO NOT WRITE IN THIS SPACE

05102007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
57-1621119	Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MACKAY, MARY
5151 N. A1A, UNIT 110
VERO BEACH, FL 32963

**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 September 14, 2007

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MACKAY, MARY
STREET ADDRESS	5151 N. A1A, UNIT 110
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	MACKAY, RAYMOND
STREET ADDRESS	5151 N. A1A, UNIT 110
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/07-80057-002 55.00

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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: _Mary Mackay_   5/10/07   410-836-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #