

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014137

Entity Name: VAN-LEIGH OF VERO BEACH, LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

615 IRIS LANE
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

615 IRIS LANE
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 73-1646005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, GEORGE G JR.
756 BEACH LAND BLVD.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAN BENSCHOTEN, J. JAMES
Address: 615 IRIS LANE
City-St-Zip: VERO BEACH, FL 32963

Title: MGR () Delete
Name: VAN BENSCHOTEN, VALERIE LEE
Address: 615 IRIS LANE
City-St-Zip: VERO BEACH, FL 32963

Title: MGR () Delete
Name: LEIGHTON, MARTI M
Address: 615 IRIS LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VAN BENSCHOTEN, M. JAMES
Address: 615 IRIS LANE
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: M. JAMES VAN BENSCHOTEN

MGR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date