

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90188 021 ***150.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000025112			
1. Entity Name VONBO, LLC			
Principal Place of Business 1260 37TH STREET VERO BEACH, FL 32960		Mailing Address 1260 37TH STREET VERO BEACH, FL 32960	
2. Principal Place of Business 1155 35th Lane, Suite 100 Suite, Apt. #, etc.		3. Mailing Address 1155 35th Lane, Suite 100 Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 22-3890238		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOCK, SAMUEL A ESQ. 979 BEACHLAND BLVD. 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 file # applicable. (NOTE: Registered Agent signature required when releasing) DATE			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COREN, SETH D 1260 37TH STREET VERO BEACH, FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1155 35th Lane, Suite 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLS, GEORGE K MD 1260 37TH STREET VERO BEACH, FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1155 35th Lane, Suite 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HICKMAN, JR., GUY H MD 1260 37TH STREET VERO BEACH, FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1155 35th Lane, Suite 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAFER, STUART JAMES 1260 37TH STREET VERO BEACH, FL 32960 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1155 35th Lane, Suite 100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>S. James Shafer Director</u>		3/5/04 712-569-2330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Duration (Months)	