

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 16, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000029566**

1. Entity Name  
**VONRO PROPERTIES, LLC**



Principal Place of Business  
**2582 SARATOGA DR.  
COOPER CITY, FL 33026-1305**

Mailing Address  
**2701 NORTH HIATUS RD., STE. 126  
COOPER CITY, FL 33026-1305**



01132005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4224726**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JUMPING JAX TAX, INC.  
1940 HARRISON ST., STE. 201-B  
HOLLYWOOD, FL 33020-5072**

**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 reissuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

|                |                           |
|----------------|---------------------------|
| TITLE          | MGR                       |
| NAME           | EVANS, YVONNE H           |
| STREET ADDRESS | 2582 SARATOGA DR.         |
| CITY-STATE-ZIP | COOPER CITY, FL 330261305 |
| TITLE          | MGR                       |
| NAME           | FRAZIER, RONALD E         |
| STREET ADDRESS | 2582 SARATOGA DR.         |
| CITY-STATE-ZIP | COOPER CITY, FL 330261305 |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-STATE-ZIP |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-STATE-ZIP |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-STATE-ZIP |                           |

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**DO NOT WRITE  
IN THIS SPACE**

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

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

Date

Daytime Phone #