2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
03-22-2006 90294 033 ****50.00

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1. Entity Name
VONRO PROPERTIES, LLC

JUUU4JUJ

Principal Place of Business	Mailing Address
2582 SARATOGA DR. COOPER CITY, FL 33026-1305	~~2701 NORTH HIATUS RD., STE. 126~~ ~~COOPER CITY, FL 33026-1305~~ 2582 W Saratoga Dr Cooper City FL 33026

01312006No Chg-LLC CR2E083 (11/05)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

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

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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: Yvonne Evans 3/31/06 954-296-0858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #