

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90030 007 *****50.00

DOCUMENT # L02000031141

1. Entity Name

VERO BEACH LAND, LLC



Principal Place of Business

**C/O DAVID SHAPIRO
777 SOUTH FLAGLER DR., STE. 800 W. TOWER
WEST PALM BEACH FL 33401**

Mailing Address

**C/O DAVID SHAPIRO
777 SOUTH FLAGLER DR., STE. 800 W. TOWER
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0575971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIDOLFO, PHILLIP T JR, ESQ
777 S. FLAGLER DR., STE. 300 E
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

LAURIE GICOM, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

777 SOUTH FLAGLER DRIVE

SUITE 300 EAST TOWER

City

WEST PALM BEACH

FL

Zip Code

33401

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

3/31/03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **SHAPIRO, DAVID**
STREET ADDRESS **777 S. FLAGLER DR., STE. 800 W. TOWER**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE REQUIRED

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

3/31/03

Date

561-515-0038

Daytime Phone #

CR2E083 (10/02)