

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90031 011 \*\*\*\*50.00

**DOCUMENT # L03000003315**

1. Entity Name  
**ROYAL PALM POINTE OF VERO, LLC**



Principal Place of Business  
**3001 OCEAN DRIVE  
SUITE 202  
VERO BEACH, FL 32963 US**

Mailing Address  
**%DONALD C. PROCTOR  
3001 OCEAN DR., SUITE 202  
VERO BEACH, FL 32963 US**



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0818325**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

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

**EMRICK, CATHERINE  
3001 OCEAN DRIVE, SUITE 202  
VERO BEACH, FL 32963**

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GRAND PRAIRIE, INC.
STREET ADDRESS	1701 N. A1A, SUITE 208
CITY-STATE-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	FERGUSON E. PETERS, TRUSTEE
STREET ADDRESS	956 RIOMAR DRIVE
CITY-STATE-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	PETERS, FRED C II
STREET ADDRESS	316 EUGENIA ROAD
CITY-STATE-ZIP	VERO BEACH, FL 32963
TITLE	MGRM
NAME	PROCTOR, DONALD C
STREET ADDRESS	3001 OCEAN DRIVE, SUITE 202
CITY-STATE-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Donald C Proctor* MGRM 1/9/07 772-234-2577