

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

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



01072008No Chg-LLC

CR2E083 (12/07)

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

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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000787025
01/17/08-80068-002 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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 #

772-234-2577

Donald C. Proctor 1/9/08