

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90293 047 ****55.00

DOCUMENT # L03000010614

1. Entity Name

THE VANDERMEER GROUP, L.L.C.



Principal Place of Business

5619 CLYDESDALE LANE
PORT ST. LUCIE FL 34987-3016

Mailing Address

PO BOX 7653
PORT ST. LUCIE FL 34985-7653

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 7653

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

PORT ST. LUCIE, FL.
34985-7653 ST. LUCIE

4. FEI Number

56-2335924

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME SCOTT R. MEER, C.A.M., C.A.P.S.
STREET ADDRESS 5619 CLYDESDALE LANE
CITY-ST-ZIP PORT ST. LUCIE FL 34987-3016

TITLE MGR ☐ Delete
NAME RICHARD C. HALUSKA, C.P.M.
STREET ADDRESS 5619 CLYDESDALE LANE
CITY-ST-ZIP PORT ST. LUCIE FL 34987-3016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Scott R. Meer* - SCOTT R. MEER

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

2-29-04 (172)

Date

Daytime Phone #