


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90240 035 \*\*\*\*50.00

DOCUMENT # L03000010614			
1. Entity Name THE VANDERMEER GROUP, L.L.C.			
Principal Place of Business 5610 CLYDESDALE LANE PORT ST. LUCIE FL 34987-3016		Mailing Address PO BOX 7653 PORT ST. LUCIE FL 34985-7653 <b>SAME</b>	
2. Principal Place of Business 210 DEERWOOD LANE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State FORT PIERCE, FL.		City & State	
Zip 34947	Country ST. LUCIE	Zip	Country
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 <b>SAME</b>		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2005</b> </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT R. MEER, C.A.M., C.A.P.S. 5610 CLYDESDALE LANE PORT ST. LUCIE FL 34987-3016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 210 DEERWOOD LANE FT. PIERCE, FL. 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARD C. HALUSKA, C.P.M. 5610 CLYDESDALE LANE PORT ST. LUCIE FL 34987-3016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 210 DEERWOOD LANE FT. PIERCE, FL. 34947
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SCOTT R. MEER

3-17-05

Date

(772) 332-3515

Daytime Phone #