

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90036 013 \*\*\*\*55.00

**DOCUMENT # L03000010614**

1. Entity Name

THE VANDERMEER GROUP, L.L.C.



Principal Place of Business

210 DEERWOOD LANE  
FORT PIERCE FL 34947

Mailing Address

PO BOX 7653  
PORT ST. LUCIE FL 34985-7653



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2335924

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE ~~MGR~~ ☐ Delete  
NAME SCOTT R. MEER, C.A.M., C.A.P.S.  
STREET ADDRESS 210 DEERWOOD LANE  
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE ~~MGR BRKR. OF RECORD ONLY.~~ ☒ Delete  
NAME RICHARD C. HALUSKA, C.P.M.  
STREET ADDRESS 210 DEERWOOD LANE  
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE OWNER / MGR. / PRES. / C.E.O. / C.O.O. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE REAL ESTATE BROKER OF REC. ONLY ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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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 exemptions contained in Section 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:

*Scott R. Meer*

SCOTT R. MEER

4/1/06 (772) 332-3515

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

Date

Daytime Phone #