


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90271 050 ****50.00

DOCUMENT # L03000019158	
1. Entity Name VERACRUZ 1602, LLC	

Principal Place of Business 7117 PELICAH BAY BLVD., #903 NAPLES, FL 34108	Mailing Address 7117 PELICAH BAY BLVD., #903 NAPLES, FL 34108
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2. Principal Place of Business 7117 PELICAN BAY BLVD.	3. Mailing Address 7117 PELICAN BAY BLVD.
Suite, Apt. #, etc. APT. # 1705	Suite, Apt. #, etc. APT. # 1705
City & State NAPLES, FL.	City & State NAPLES, FL.
Zip 34108	Country U.S.



03212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0557087	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GIFFORD, MICKEY 7117 PELICAN BAY BOULEVARD SUITE 903 NAPLES, FL 34108	7. Name and Address of New Registered Agent Name MICKEY GIFFORD Street Address (P.O. Box Number is Not Acceptable) 7117 PELICAN BAY BLVD. SUITE 1705 City NAPLES FL Zip Code 34108
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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: *Mickey D. Gifford* DATE: March 21, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, JOSEPH W 1225 WOODLAWN CIRCLE ELM GROVE, WI 53122 <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
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
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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 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: *JOSEPH W. LEWIS* DATE: March 21, 2006

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