


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90132 021 ****50.00

DOCUMENT # L03000026576	
1. Entity Name VERO BEACH DEVELOPMENT PARTNERS, LLC	

Principal Place of Business 3333 POINCIANA AVENUE COCONUT GROVE, FL 33133	Mailing Address 3333 POINCIANA AVENUE COCONUT GROVE, FL 33133
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05062004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RODRIGUEZ, ROBIN 3333 POINCIANA AVENUE COCONUT GROVE, FL 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number 20-0116710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 _____ DATE _____
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 September 8, 2004	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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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*MSRM
Cordell Funding LLP
3333 Poinciana Avenue
Miami, FL 33133*

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: *Robin Rodriguez* **6/13/04** **305-529-4857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #