2006 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000042722

1. Entity Name LVS VERO, LLC

Apr 28, 2006 08:00 AM Secretary of State

FILED

Principal Place of Business

Mailing Address

5709 N.W. 158TH STREET MIAMI LAKES, FL 33014 US 5709 N.W. 158TH STREET MIAMI LAKES, FL 33014 US



04032008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0188323

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEZY, LEWIS V 5709 N.W. 158TH STREET MIAMI LAKES, FL 33014

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				•	
8. The above the obliga	a named entity submits this statement for the purpose of char tions of registered agent.	ging its registered office or regist	tered agent, or both, in the	State of Florida, 1 am familiar with	and accept
SIGNATURE.	Signature, typed or printed name of registaria agent and title if applicable.	(NOTE Registered Agent algorature requi	red when remstating)	DATE	
F	iling Fee is \$50.00 due by May 1, 2006			U00000540607 10/06-80020-007 55	. 00
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM SWEZY, LEWIS V 5709 N.W. 158TH STREET MIAMI LAKES, FL 33014		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE HAME STRELT ADDHESS CITY-ST-ZIP			DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THI	S SPACE	
TITLE KAME STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filling 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 hosper smoowered to execute this report as required by Chapter 808, Florida Statutes.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3058210330