

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000007704

1. Entity Name  
VERO LAND CO., LLC



Principal Place of Business  
500 AUSTRALIAN AVE. SO., SUITE 120  
WEST PALM BEACH, FL 33401

Mailing Address  
500 AUSTRALIAN AVE. SO., SUITE 120  
WEST PALM BEACH, FL 33401



01102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
26-2659197

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RHODES, PAUL  
500 AUSTRALIAN AVE. SO., SUITE 120  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                |                                    |
|----------------|------------------------------------|
| TITLE          | MGRM                               |
| NAME           | RHODES, PAUL                       |
| STREET ADDRESS | 500 AUSTRALIAN AVE. SO., SUITE 120 |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33401          |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |
| TITLE          |                                    |
| NAME           |                                    |
| STREET ADDRESS |                                    |
| CITY-ST-ZIP    |                                    |

000000549237  
05/13/06-80014-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 609, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

Paul Rhodes 4-26-06 561-6595400