

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011175

FILED
Apr 19, 2007
Secretary of State

Entity Name: VERO BEACH DEVELOPMENT, L.L.C.

Current Principal Place of Business:

10520 NW 26TH ST
C-101
MIAMI, FL 33172

New Principal Place of Business:

10520 NW 26TH STREET
C-101
DORAL, FL 33172

Current Mailing Address:

10520 NW 26TH ST
C-101
MIAMI, FL 33172

New Mailing Address:

10520 NW 26TH STREET
C-101
DORAL, FL 33172

FEI Number: 73-1694549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMERO, OSVALDO E
10520 NW 26TH STREET
C-101
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

ROMERO, OSVALDO E
10520 NW 26TH STREET
C-101
DORAL, FL 33172 US

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.

SIGNATURE: OSVALDO E. ROMERO

04/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROMERO, OSVALDO E
Address: 10520 NW 26TH ST, C-101
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROMERO, OSVALDO E
Address: 10520 NW 26TH STREET, SUITE C-101
City-St-Zip: DORAL, FL 33172

Title: MGR () Change (X) Addition
Name: BROWN, GARY L
Address: 2753 WEST STONEBROOK CIRCLE
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OSVALDO E. ROMERO

MGR

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date