## 2006 LIMITED LIABILITY COMPANY

## Aug 28, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L04000015557** 08-28-2006 90108 040 \*\*\*\*50.00 1. Entity Name REAL ESTATE HOLDINGS OF VERO, LLC Mailing Address Principal Place of Business 400 BEACH ROAD, APT, 228 400 BEACH ROAD, APT. 228 VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business 3. Mailing Address Clo Rossway, moore : Taylor Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 Chg-LLC CR2E083 (11/05) 5070 N. Highway A-1-A, Ste. 200 Applied For City & State 4. FEI Number City & State Vero Beach 20-0785436 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32963 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **ROSSWAY MOORE & TAYLOR** Street Address (P.O. Box Number is Not Acceptable) 5070 N. HWY A-1-A. SUITE 200 VERO BEACH, FL 32963 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MM TITLE ☐ Change ■ Addition TITLE Delete NELSON, KENNETH A II NAME NAME 400 BEACH ROAD, APT 228 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delcte TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP ☐ Change ☐ Addition TIFLE ☐ Delete TIFLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

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

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

772-231-7452

☐ Change

☐ Addition

FILED