

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90038 046 ***138.75

DOCUMENT # L04000015557
 1. Entity Name
 REAL ESTATE HOLDINGS OF VERO, LLC



60009873



Principal Place of Business
 400 BEACH ROAD, APT. 228
 VERO BEACH, FL 32963

Mailing Address
 C/O ROSSWAY, MOORE & TAYLOR
 5070 N HIGHWAY A1A STE 200
 VERO BEACH, FL 32963

2. Principal Place of Business - No P.O. Box #
 220 Shores Drive
 Suite, Apt. #, etc.

3. Mailing Address
 220 Shores Drive
 Suite, Apt. #, etc.

02182008 Chg-LLC CR2E083 (12/06)

City & State
 Vero Beach, FL

City & State
 Vero Beach, FL

Zip
 32963

Country
 U.S.

Zip
 32963

Country
 U.S.

4. FEI Number
 20-0785436

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSSWAY MOORE & TAYLOR
 5070 N. HWY A-1-A,
 SUITE 200
 VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM NELSON, KENNETH A II 400 BEACH ROAD, APT 228 VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Nelson, Kenneth A. II 220 Shores Drive Vero Beach, FL 32963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Kenneth A. Nelson* Date: 2/19/08 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE