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Secretary of State
04-18-2006 90006 016 ****50.00

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000017044

1. Entity Name
VERO LODGING, LLC

Principal Place of Business	Mailing Address
2655 NORTH OCEAN DRIVE SUITE 400 SINGER ISLAND, FL 33404 US	2655 NORTH OCEAN DRIVE SUITE 400 SINGER ISLAND, FL 33404 US

03312006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3540 Forest Hill Blvd Suite, Apt. #, etc. 203
City & State	City & State W Palm Beach Fl 33406
Zip / Country	Zip / Country

4. FEI Number
33-1089905
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARMOUR, ALAN I II 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401	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)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DONOVAN, KEVIN M 2210 EAST OCEAN OAKS LANE VERO BEACH, FL 32963	☐ Delete	member/Principal/Mgr Kevin Donovan 2210 E Ocean Oaks Lane Vero Beach Fl 32963	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DONOVAN, KELLY A 2210 EAST OCEAN OAKS LANE VERO BEACH, FL 32963	☐ Delete	member/Principal/Mgr Kelly Donovan 2210 E Ocean Oaks Lane Vero Beach Fl 32963	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	mgrm - Managing member Vero 3000 LLC 3540 Forest Hill Blvd #203 W Palm Beach Fl 33406	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Deborah A Dertky Deborah A Dertky 4/7/06 5614334810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #