

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90183 005 ****50.00

DOCUMENT # L04000017044 1. Entity Name VERO LODGING, LLC			
Principal Place of Business 2655 NORTH OCEAN DRIVE SUITE 400 SINGER ISLAND, FL 33404 US		Mailing Address 3540 FOREST HILL BLVD SUITE 203 WEST PALM BEACH, FL 33406 US	
2. Principal Place of Business - No P.O. Box # 2655 North Ocean Dr. Suite, Apt. #, etc. #310		3. Mailing Address 2655 North Ocean Dr. Suite, Apt. #, etc. #310	
City & State Singer Island, FL Zip 33404 Country US		City & State Singer Island FL Zip 33404 Country US	
4. FEI Number 33-1089905		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03072007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent ARMOUR, ALAN I II 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONOVAN, KEVIN M 2210 EAST OCEAN OAKS LANE VERO BEACH, FL 32963	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONOVAN, KELLY A 2210 EAST OCEAN OAKS LANE VERO BEACH, FL 32963	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERO 3000, LLC 3540 FOREST HILL BLVD SUITE 203 WEST PALM BEACH, FL 33406	<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	
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: <u>George W. Heaton</u> <u>George W. Heaton</u> 3/24/07 561833-5500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	