

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90029 023 ***138.75

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| DOCUMENT # L04000038217 | | | | | |
| 1. Entity Name 620 VERO ESTATES, LLC | | | | | |
| Principal Place of Business 2655 N OCEAN DR 310 SINGER ISLAND, FL 33404 | | | Mailing Address 2655 N OCEAN DR 310 SINGER ISLAND, FL 33404 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-1567157 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ARMOUR, ALAN 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 | |
| 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. | | | | Applied For Not Applicable | |
| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE | |
| 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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HEATON, GEORGE W 2655 NORTH OCEAN DR #310 SINGER ISLAND, FL 33404 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | mgr Heaton Vero Properties Inc 2655 No Ocean Dr #310 Singer Island, FL 33404 | |
| Delete | <input type="checkbox"/> | | Change Addition | <input checked="" type="checkbox"/> <input type="checkbox"/> | |
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| 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: <i>George Heaton</i> | | | <i>Heaton Vero Properties Inc</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date: 4/25/08 Daytime Phone #: 561-833-5500 | | |