

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000042708**

**Entity Name**  
**VERONICA WHEAT LLC**



**Principal Place of Business**  
**2901 PGA BLVD.**  
**100**  
**PALM BEACH GARDENS, FL 33410**

**Mailing Address**  
**PO BOX 281**  
**WEST PALM BEACH, FL 33402-028**



01152006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1208500	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**WHEAT, VERONICA V**  
**2901 PGA BLVD.**  
**100**  
**PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
IN THIS SPACE**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

000000398250  
01/30/06-80084-016 50.00

**MANAGING MEMBERS/MANAGERS**

<b>NAME</b>	<b>MGRM</b>
<b>NAME</b>	<b>WHEAT, VERONICA V</b>
<b>ADDRESS</b>	<b>2901 PGA BLVD. #100</b>
<b>STATE</b>	<b>FL</b>
<b>ZIP</b>	<b>33410</b>
<b>NAME</b>	
<b>ADDRESS</b>	
<b>STATE</b>	
<b>ZIP</b>	
<b>NAME</b>	
<b>ADDRESS</b>	
<b>STATE</b>	
<b>ZIP</b>	
<b>NAME</b>	
<b>ADDRESS</b>	
<b>STATE</b>	
<b>ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Veronica Wheat* / **Veronica V. Wheat**

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

**01-15/06 561-747-7325**

Date

Daytime Phone #