

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90035 007 ****50.00

DOCUMENT # L04000053017					
1. Entity Name VERO BEACH DEVELOPERS, LLC					
Principal Place of Business 3200 NORTHWEST 23RD AVENUE #400 POMPANO BEACH, FL 33069 US			Mailing Address 3200 NORTHWEST 23RD AVENUE #400 POMPANO BEACH, FL 33069 US		
2. Principal Place of Business 3195 N. POWERLINE RD Suite, Apt. #, etc. STE 112		3. Mailing Address 3195 N. POWERLINE RD Suite, Apt. #, etc. STE 112			
City & State POMPANO BEACH, FL		City & State POMPANO BEACH FL		4. FEI Number 20-1382031	
Zip 33069-1052		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THIRER, MARTIN 2950 WEST CYPRESS CREEK ROAD SUITE 102 FORT LAUDERDALE, FL, FL 33309-US				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2950 W. CYPRESS CREEK ROAD STE 102 City FT LAUDERDALE FL Zip Code 33309	
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, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMWAY, JAMES 3200 N.W. 23RD AVENUE, #400 POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3195 N. POWERLINE RD - STE 112 POMPANO BEACH, FL 33069-1052	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMWAY, CAROLE 3200 N.W. 23RD AVENUE, #400 POMPANO BEACH, FL 33069		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3195 N. POWERLINE RD - STE 112 POMPANO BEACH, FL 33069-1052	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(i), 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: JAMES HAMWAY 1-10-05 9549731983					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					