

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90037 039 ****55.00

DOCUMENT # L04000053017

1. Entity Name
VERO BEACH DEVELOPERS, LLC



Principal Place of Business
**3195 N. POWERLINE RD
STE 112
POMPANO BEACH, FL 33069-1052 US**

Mailing Address
**3195 N. POWERLINE RD
STE 112
POMPANO BEACH, FL 33069-1052 US**



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1382031

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$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 33309**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HAMWAY, JAMES
3195 N. POWERLINE RD - STE 112
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HAMWAY, CAROLE
3195 N. POWERLINE RD - STE 112
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

JAMES HAMWAY 1-9-6

Date

9549731983

Daytime Phone #