


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90132 004 \*\*\*\*55.00

<b>DOCUMENT # L04000053017</b>	
1. Entity Name <b>VERO BEACH DEVELOPERS, LLC</b>	

Principal Place of Business <b>3195 N. POWERLINE RD STE 112 POMPANO BEACH, FL 33069-1052 US</b>	Mailing Address <b>3195 N. POWERLINE RD STE 112 POMPANO BEACH, FL 33069-1052 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2501 NW 34TH PLACE</b>	3. Mailing Address <b>2501 NW 34TH PLACE</b>
Suite, Apt. #, etc. <b>STE 32</b>	Suite, Apt. #, etc. <b>STE 32</b>
City & State <b>POMPANO BEACH FL</b>	City & State <b>POMPANO BEACH FL</b>
Zip <b>33069-5930</b>	Country <b>USA</b>



01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-1382031</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>THIRER, MARTIN 2950 WEST CYPRESS CREEK ROAD SUITE 102 FORT LAUDERDALE, FL 33309</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMWAY, JAMES 3195 N. POWERLINE RD - STE 112 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2501 NW 34th PLACE, STE. 32</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>POMPANO BEACH, FL 33069-5930</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMWAY, CAROLE 3195 N. POWERLINE RD - STE 112 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2501 NW 34th PLACE, STE. 32</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>POMPANO BEACH, FL 33069-5930</b>
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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 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.

<b>SIGNATURE:</b> 	<b>JAMES HAMWAY</b> 1-8-7 9549731983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #