

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000055599**

1. Entity Name  
**QUAIL RIDGE OF VERO BEACH, LLC**



Principal Place of Business  
**2020 OLD DIXIE HIGHWAY SE, STE. 4  
VERO BEACH, FL 32962**

Mailing Address  
**2020 OLD DIXIE HIGHWAY SE, STE. 4  
VERO BEACH, FL 32962**



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1434500**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KIRK, WILLIAM N  
979 BEACHLAND BLVD.  
VERO BEACH, FL 32963**

**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**

000000477614  
04/06/06-80058-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SMITH, STEPHEN T
STREET ADDRESS	2020 OLD DIXIE HWY SE STE 4
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	MGRM
NAME	HAZEL, DOUGLAS
STREET ADDRESS	2020 OLD DIXIE HWY SE STE 4
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

Date

Daytime Phone #

5/15/06

772.563.0307