2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2007
Secretary of State

DOCUMENT# L04000058912

Entity Name: VERO PAVILION, LLC

Current Principal Place of Business:

16273 MIRAVISTA LANE
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

16273 MIRAVISTA LANE
DELRAY BEACH, FL 33446 US

New Mailing Address:

FEI Number: 30-0266426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERLIS, NEIL J
16273 MIRAVISTA LANE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MERLIS, NEIL J
Address: 16273 MIRAVISTA LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: NEIL JEFFREY MERLIS, REVOCABLE LIVI N G TRUST
Address: 16273 MIRAVISTA LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM ( ) Change (X) Addition
Name: RONNIE ILENE MERLIS, REVOCABLE LIVI N G TRUST
Address: 16273 MIRAVISTA LANE
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEIL J. MERLIS MGR 03/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date