2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

ANNUAL REPORT									J		
DOCUMENT # L04000067076 1. Entity Name 150 VERO, LLC								04-18-2005			0.00
Principal Place	of Business	Mailing Address	dress			20035224					
3300 PGA B0		•	105 FOULK ROAD			ì					
SUITE 330	JULLVAND		WILMINGTON, DE 19803								
PALM BEACH	GARDENS,	FL 33410	memoron, be 10003								
			_					 			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01112005	Chg-LLC	CR2EC	083 (10/03)	
City & State			City & State				4. FEI Number Applied For 20 - 17 17 2 4 9 Not Applicable				
Zip	Zip Country		Zip	ntry	5. Certificate of Status Desired				S5.00 Additional Fee Required		
6. Name and Address of Current			Registered Agent				7. Name and	Address of New	Registered		
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ALLISON, I	DONALD	M ESQ.	<u></u>					<u> </u>			
1515 S. FEDERAL HIGHWAY				Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
SUITE 306 BOCA RAT		22420								-	
BOCARAI	ION, FL	33432		City					Zip Code		
<u> </u>		····			<u> </u>				FL	<u>- L</u>	
	named entitions of regis	y submits this statement fo tered agent.	r the purpose of changing	its register	ed office or	register	ed agent, or bo	oth, in the State of F	lorida. I am	familiar with,	and accept
										•	
SIGNATURE .	Signature, typed	for printed name of registered agent	and title il applicable. (VOTE: Registers	ed Agent signes.	re required	when reinstating)		DATE		
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. Fi	ling Fee	is \$50.00								payable to	
Dı	ue by Ma	y 1, 2005		٠.	•			Florid	la Departn	ent of State	
9.		MANAGING MEMBE	ERS /MANAGERS	10.					CHANGE:		6 (Classification)
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	certify that the	he information supplied wit	h this filing does not qualit			ted in Se	ection 119.07/3	i)(i). Florida Statutes	. I further ca	artify that the i	nformation
indicated	l on this repo	ort is true and accurate and	d that my signature shall h	ave the san	ne legal effe	ect as if g	gade under oa	th; that I am a man	aging memb	per or manage	er of the
Ilmited lia	ability compa	any or the receiver or truste	e empewered to execute	riis report s	appeduised	OV. STATE	negro∪8, Florida				
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