

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068326

FILED
Apr 28, 2009
Secretary of State

Entity Name: VERO BEACH VENTURES PAMRO, LLC

Current Principal Place of Business:

318 BOSTON POST RD
MADISON, CT 06443

New Principal Place of Business:

Current Mailing Address:

318 BOSTON POST RD
MADISON, CT 06443

New Mailing Address:

FEI Number: 14-1918071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, FROHMAN
1236 HILLSBORO MILE APT. 501
HILLSBORO BEACH, FL 33062 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: JEFFREY ROSENBERG, PAMRO, LLC
Address: 318 BOSTON POST RD
City-St-Zip: MADISON, CT 06443

Title: MGRM () Delete
Name: FROHMAN DAVIS, PAMRO, LLC
Address: 1236 HILLSBORO MILE APT. 501
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: MGRM () Delete
Name: JEANINE RENZULLI, VERO BEACH VENTURES, LLC
Address: 10714 VERSAILLES BLVD.
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY ROSENBERG

MGR

04/28/2009

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