


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90183 004 \*\*\*\*50.00

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # L04000083641</b><br>1. Entity Name<br><b>VERO BEACH HOTEL AND CLUB, LLC</b>  |   |    |   |
| Principal Place of Business<br><b>3540 FOREST HILL BLVD., SUITE 203<br/>WEST PALM BEACH, FL 33406</b>  |   | Mailing Address<br><b>3540 FOREST HILL BLVD., SUITE 203<br/>WEST PALM BEACH, FL 33406</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>2655 No Ocean Dr</b>  |   | 3. Mailing Address<br><b>2655 No Ocean Dr</b>   |   |
| Suite, Apt. #, etc.<br><b>310</b>  |   | Suite, Apt. #, etc.<br><b>310</b>   |   |
| City & State<br><b>Singer Island FL</b>  |   | City & State<br><b>Singer Island FL</b>   |   |
| Zip<br><b>33404</b>  |   | Zip<br><b>33404</b>   |   |
| Country<br>  |   | Country<br>   |   |
| 4. FEI Number<br><b>20-2305920</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$5.00</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ARMOUR, ALAN III<br/>1645 PALM BEACH LAKES BLVD., SUITE 1200<br/>WEST PALM BEACH, FL 33401</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>VERO 3000, LLC<br/>2655 N OCEAN DR., #310<br/>SINGER ISLAND, FL 33404</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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> <i>George W Heaton</i>   |   | <i>George W Heaton</i> 3/24/07 5018335500   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date Daytime Phone #  |   |