2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATION

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DOCUMENT # L05000000960 1. Enlity Name MATECUMBE VERO, LLC						06 SEP 14 AM 9: 06						
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2. Principal P	tace of Busic	ness	3. Mailing Address									
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.									
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	6. Name	and Address of Current R	legistered Agent				7. Name and A	ddress of N	ew Re	gistered Age	nt	
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3355 OCE. VERO BEA				Street Address (P.O. Box Number is Not Acceptable)								
VERO BEA	HOH, FL	32903		ļ			*					
					City					FL	Zip Code	•
8. The above	named entil	ty submits this statement for	the purpose of changing its	rogistor	d office or	ragintar	ad popul or both	in the Cinte	al Flori	1	dia deb	
the obligat	ions of regis	tered agent.	ine burbose or changing its	registeri	an owice or	register	eo agent, or both	, in the State	OI FIOR	ida. Tam iam	mar with,	ала ассерг
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9.		MANAGING MEMBER	I	10.			<u> </u>			CHANGES	<u> </u>	·
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11. I hereby o	ertify that the	e information supplied with t	his filing does not qualify for	the exe	nptions co	ntained i	in Chapter 119, Fl	orida Statute	s. Hurt	her certify the	at the infor	rnation
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.												
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA	AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Dele	Daytime Phone #