
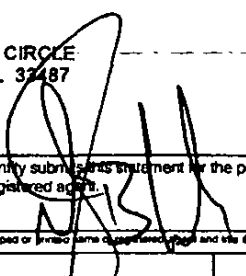
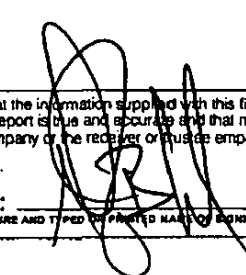


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-02-2006 90093 037 ****50.00

DOCUMENT # L05000016514					
1. Entity Name PROLINE VERO, LLC					
Principal Place of Business 1191 S. ROGERS CIRCLE BOCA RATON, FL 33487			Mailing Address 1191 S. ROGERS CIRCLE BOCA RATON, FL 33487		
2. Principal Place of Business 1926 86th AVENUE		3. Mailing Address 1191 S. ROGERS CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State VERO BEACH, FL		City & State BOCA RATON, FL		4. FEI Number 20-2393977	
Zip 32966	Country U.S.A.	Zip 33487	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLES, DARYL 1191 S. ROGERS CIRCLE BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 except the obligations of registered agent.					
SIGNATURE 			DATE 1/27/06		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		PRESIDENT COLES, DARYL B 14678 EQUESTRIAN WAY WELLINGTON, FL 33414			
		TREASURY SECRETARY COLES, MICHELE 14678 EQUESTRIAN WAY WELLINGTON, FL 33414			
		VICE PRESIDENT COLES, BEVERLY L. 815 ENFIELD STREET BOCA RATON, FL 33487			
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.					
SIGNATURE: 			DATE 1/27/06 561-241-7000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



ATTACHMENT

30000877

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

PROLINE VERO, LLC
1191 S ROGERS CIR
BOCA RATON, FL 33487

Subject: **PROLINE VERO, LLC**

Reference Number: **L05000016514**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION