

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031645

FILED  
Feb 14, 2006  
Secretary of State

**Entity Name:** VERO BEACH BUSINESS PARK, LLC

**Current Principal Place of Business:**

6939 NINETEEN MILE ROAD  
STERLING HEIGHTS, MI 48314

**New Principal Place of Business:**

6939 19 MILE ROAD  
STERLING HEIGHTS, MI 48314

**Current Mailing Address:**

6939 NINETEEN MILE ROAD  
STERLING HEIGHTS, MI 48314

**New Mailing Address:**

6939 19 MILE ROAD  
STERLING HEIGHTS, MI 48314

FEI Number: 20-2754190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANCINI, DAVID  
2601 N.W. 48TH STREET  
POMPANO BEACH, FL 33073 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGMR ( ) Change (X) Addition  
Name: JANKOWSKI, PAUL C  
Address: 6939 19 MILE ROAD  
City-St-Zip: STERLING HEIGHTS, MI 48314

Title: MGMR ( ) Change (X) Addition  
Name: BUTTERS, SAMUAL  
Address: 2005 W CYPRESS CREEK ROAD - SUITE 202  
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL C. JANKOWSKI

MGMR

02/14/2006

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