
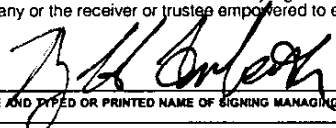


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90042 009 ****50.00

| | | | | | |
|--|--|--|---|---|---------------------------------------|
| DOCUMENT # L05000057770 1. Entity Name DAHLIA VERO, LLC | | | |  | |
| Principal Place of Business 1101 18TH PLACE VERO BEACH, FL 32960 US | | | Mailing Address C/O REGENCY WINDSOR MANAGEMENT, INC. P. O. BOX 1477 VERO BEACH, FL 32961 US | | |
| 2. Principal Place of Business - No P.O. Box # 2935 20th Street Suite, Apt. #, etc. | | 3. Mailing Address 2935 20th Street Suite, Apt. #, etc. | | | |
| City & State Vero Beach, FL | | City & State Vero Beach, FL | | 4. FEI Number 59-3809382 | |
| Zip 32960 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARKETT, BRUCE D ESQ. 756 BEACHLAND BLVD. VERO BEACH, FL 32963 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LAMBERT, ROY H JR PO BX 1477 VERO BEACH, FL 32961 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LAMBERT, ROY H. JR. 2935 20TH STREET VERO BEACH, FL 32960 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LAMBERT, PHILLIP A PO BX 1477 VERO BEACH, FL 32961 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LAMBERT, PHILIP A. 2935 20TH STREET VERO BEACH, FL 32960 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LMBERT, RONALD S PO BX 1477 VERO BEACH, FL 32961 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LAMBERT, RONALD S. 2935 20TH STREET VERO BEACH, FL 32960 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVIS, DONNA PO BX 1477 VERO BEACH, FL 32961 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DAVIS, DONNA 2935 20TH STREET VERO BEACH, FL 32960 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;">Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;">Change Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;">Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;">Change Addition</div> | |
| 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:  | | | Roy H. Lambert, Jr. Managing Member | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 4/19/07 | | Daytime Phone # (772) 778-8240 |