

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90357 047 ****50.00

DOCUMENT # L05000064694					
1. Entity Name VERANDA TOWNHOMES, LLC					
Principal Place of Business 120 E PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432			Mailing Address 120 E PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # One Financial Plaza Suite, Apt. #, etc. Suite 102 City & State Ft. Lauderdale FL Zip 33394 Country USA		3. Mailing Address One Financial Plaza Suite, Apt. #, etc. Suite 102 City & State Ft. Lauderdale FL Zip 33394 Country USA			
					
03062007 Chg-LLC CR2E083 (12/06)					
4. FEI Number 20-3202092				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS, STEPHEN M 120 E PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Douglas, Stephen M. Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza, Suite 102 City Ft. Lauderdale FL Zip Code 33394		
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  DATE 4-17-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR SIMIGRAN, KENNETH H 120 E PALMETTO PARK ROAD, SUITE 410 BOCA RATON, FL 33432 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Financial Plaza, Suite 102 Ft. Lauderdale FL 33394	
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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	
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	
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: 			4-17-07 (954) 616-1113		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		