


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-23-2007 90357 050 ****50.00

DOCUMENT # L05000064884	
1. Entity Name VERANDA CONDOMINIUM I, 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
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2. Principal Place of Business - No P.O. Box # <i>One Financial Plaza</i> Suite, Apt. #, etc. <i>Suite 102</i> City & State <i>Ft. Lauderdale FL</i> Zip <i>33394</i> Country <i>USA</i>	3. Mailing Address <i>One Financial Plaza</i> Suite, Apt. #, etc. <i>Suite 102</i> City & State <i>Ft. Lauderdale FL</i> Zip <i>33394</i> Country <i>USA</i>
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03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3648634	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 <i>Douglas, Stephen M.</i> Street Address (P.O. Box Number is Not Acceptable) <i>One Financial Plaza</i> City <i>Suite 102</i> <i>Ft. Lauderdale FL</i> Zip Code <i>33394</i>
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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.

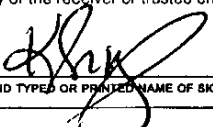
SIGNATURE  DATE *4-17-07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMIGRAN, KENNETH H 120 E. PALMETTO PARK ROAD BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>One Financial Plaza, Suite 102</i> <i>Ft. Lauderdale FL 33394</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOUGLAS, STEPHEN M 120 E. PALMETTO PARK ROAD BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>One Financial Plaza</i> <i>Ft. Lauderdale FL 33394</i>
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
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:  DATE *4-17-07* (954) 666-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE