

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107064

Entity Name: VERO PORPOISE, LLC

FILED
Feb 15, 2007
Secretary of State

Current Principal Place of Business:

C/O ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

New Principal Place of Business:

12145 NW 99 TH AVENUE
BAY #5
HIALEAH GARDENS, FL 33018

Current Mailing Address:

C/O ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

New Mailing Address:

12145 NW 99TH AVENUE
BAY #5
HIALEAH GARDENS, FL 33018

FEI Number: 20-4184978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

ARENCIBIA, LIZBETH D MGR
12145 NW 99TH AVENUE
BAY #5
HIALEAH GARDENS, FL 33018 US

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: LIZBETH D. ARENCIBIA

02/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARENCIBIA, LIZBETH D
Address: 1500 SAN REMO AVENUE SUITE#125
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARENCIBIA, LIZBETH D
Address: 12145 NW 99TH AVENUE BAY #5
City-St-Zip: HIALEAH GARDENS, FL 33018

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: LIZBETH D. ARENCIBIA

MGR

02/15/2007

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