

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90462 003 \*\*\*\*50.00

**DOCUMENT # L05000112466**

1. Entity Name  
VERO LAND GROUP, LLC



Principal Place of Business  
1460 PELICAN LANE  
VERO BEACH, FL 32963 US

Mailing Address  
1460 PELICAN LANE  
VERO BEACH, FL 32963 US

40037534



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
76-0807306

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEAGRIST, LARRY  
1460 PELICAN LANE  
VERO BEACH, FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(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 MGRM ☐ Delete  
NAME SEAGRIST, LARRY  
STREET ADDRESS 1460 PELICAN LANE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MAYERNIK, MARK  
STREET ADDRESS 908 WEST COLLEGE PKWY  
CITY-ST-ZIP CHICAGO, IL 60608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME SEAGRIST, MARYJO  
STREET ADDRESS 1460 PELICAN LANE  
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME MAYERNIK, CINDY  
STREET ADDRESS 908 WEST COLLEGE PKWY  
CITY-ST-ZIP CHICAGO, IL 60608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

- LAWRENCE SEAGRIST

3/15/07

Date

Daytime Phone #

(772) 559-3398