


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90065 010 ****50.00

DOCUMENT # L05000119732					
1. Entity Name VERO BEACH MANAGEMENT, LLC					
Principal Place of Business 1412 W. ISLAND CLUB SQUARE VERO BEACH, FL 32963			Mailing Address 1412 W. ISLAND CLUB SQUARE VERO BEACH, FL 32963		
2. Principal Place of Business		3. Mailing Address P.O. Box 691292			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Vero Beach FL		4. FEI Number 20-3878235	
Zip		Country 321292 Indian River		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEHRFELD, RICHARD H 1412 W. ISLAND CLUB SQUARE VERO BEACH, FL 32963			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee. (NOTE: Registered Agent's signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM LEHRFELD, RICHARD H 1412 W. ISLAND CLUB SQUARE VERO BEACH, FL 32963 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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: <u>Richard H. Lehrfeld</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>7-5-06</u> (772-234-3316)	