

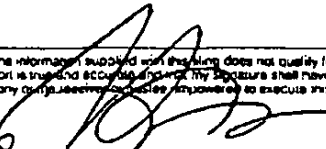
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

DOCUMENT # L06000119804			
1. Entity Name VERO HOLDINGS DEVELOPMENT GROUP, LLC			
Principal Place of Business 214 BRAZILIAN AVE. SUITE 200 PALM BEACH, FL 33480		Mailing Address 214 BRAZILIAN AVE. SUITE 200 PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FE Number 208066943		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EVANS LESLIE, R. 214 BRAZILIAN AVE. SUITE 200 PALM BEACH, FL 33480		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 _____ Signature must be printed name of registered agent and not a representative			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. EXISTING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP MANAGING MEMBER LESLIE ROBERT EVANS 214 Brazilian Ave Palm Beach FL 33480		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP MANAGING MEMBER Joseph M Boan 214 Brazilian Ave Palm Beach FL 33480		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
11. I hereby certify that the information supplied on 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 its authorized officer, and I am authorized to execute this report as required by Chapter 808, Florida Statutes.			
SIGNATURE: 		Date: 3/26/07 832.8288	
Signature must be printed name of existing managing member, manager or authorized representative			