

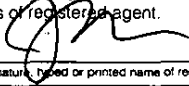



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90118 001 ***143.75

DOCUMENT # L07000005420					
1. Entity Name VERO BEACH CONDO, LLC					
Principal Place of Business 1433 WEST WALFRAM CHICAGO, IL 60657			Mailing Address 1433 WEST WALFRAM CHICAGO, IL 60657		
2. Principal Place of Business - No P.O. Box # 250 Ocean Road		3. Mailing Address 1433 W. WOLFRAM ST.			
Suite, Apt. #, etc. #1D		Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State CHICAGO IL			
Zip 32963		Zip 60657			
Country USA		Country USA		04102008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-8779940				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWN, RONALD K 756 BEACHLAND BOULEVARD VERO BEACH, FL 32963			7. Name and Address of New Registered Agent		
Name John Moore Street Address (P.O. Box Number is Not Acceptable) c/o Rossway Moore and Taylor 5070 N. HWY A1A, Suite 200 City Vero Beach FL Zip Code 32963			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 April 14, 2008		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLEDSOE, WALTER A III 250 OCEAN ROAD, APT., 1D VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:  Walter A. Bledsoe III			4/10/08 773-244-1187		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		