


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002713 1. Entity Name H.S. ASSOCIATES OF VERO BEACH, L.C.		
Principal Place of Business 5665 N. US HWY. 1 VERO BEACH, FL 32967-7530	Mailing Address 86 BETHEL RD GLEN MILLS, PA 19342	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BLOCK, SAMUEL A 2127 10TH AVENUE VERO BEACH, FL 32960		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR R & J DEVELOPMENT COMPANY 1105 WYLIE ROAD WEST CHESTER, PA 19382	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UNITED PARTNERSHIP 1404 FRONT & JANSEN STREETS ESSINGTON, PA 19029	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 W. Pirog, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>3/31/05</u> Daytime Phone #: <u>610-701-4344</u>



03072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 23-3004202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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04/04/05-80096-018 50.00