

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2006 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**



07212006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-3004202**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**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 \_\_\_\_\_

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 September 6, 2006**

U00000573150  
08/02/06-80004-011 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
R & J DEVELOPMENT COMPANY  
1105 WYLIE ROAD  
WEST CHESTER, PA 19382**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
UNITED PARTNERSHIP  
1404 FRONT & JANSEN STREETS  
ESSINGTON, PA 19029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #