


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000001517**

1. Entity Name  
**VERO BEACH BROADCASTERS, LLC**



Principal Place of Business      Mailing Address

**2255 GLADES ROAD  
SUITE 221A  
BOCA RATON FL 33431**      **2255 GLADES ROAD  
SUITE 221A  
BOCA RATON FL 33431**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**SILVERS, LAURIE  
2255 GLADES ROAD, #221  
BOCA RATON FL 33431**

4. FEI Number      Applied For

**65-1000986**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

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 \_\_\_\_\_ (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**

400000878930  
04/11/08-80095-022 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	RUBENSTEIN, MITCHELL
STREET ADDRESS	2255 GLADES RD #221
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	MGRM <input type="checkbox"/> Delete
NAME	SILVERS, LAURIE
STREET ADDRESS	2255 GLADES RD #221
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	MGRM <input type="checkbox"/> Delete
NAME	MCALLAN, ROBERT
STREET ADDRESS	1350 CAMPUS PARKWAY, SUITE 106
CITY-ST-ZIP	WALL NJ 07753
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Robert E McCallan*      **Robert McCallan**      3/27/08      772 567 0937 x124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #