
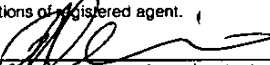
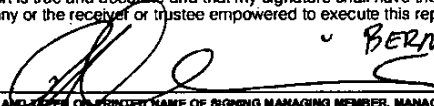


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90030 044 ****50.00

DOCUMENT # M01000000659 1. Entity Name VERO BEACH LLC					
Principal Place of Business 5047 NORTH A1A UNIT 901 FT PIERCE, FL 34949			Mailing Address 5047 NORTH A1A UNIT 901 FT PIERCE, FL 34949		
2. Principal Place of Business 1685 LEE AVE Suite, Apt. #, etc.		3. Mailing Address 1685 LEE AVE Suite, Apt. #, etc.			
City & State VERO BEACH, FL Zip 32966		City & State VERO BEACH, FL Zip 32966		4. FEI Number 34-9340945	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHUINARD, BERNARD J 5047 NORTH A1A UNIT 901 FORT PIERCE, FL 34949				7. Name and Address of New Registered Agent Name CHUINARD, BERNARD J Street Address (P.O. Box Number is Not Acceptable) 1685 LEE AVE City VERO BEACH, FL Zip Code 32966	
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  BERNARD J CHUINARD MGR. DATE 4/8/06 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHUINARD, BERNARD J 229 BELVEDERE AVE #11 CHARLEVOIX, MI 49720	<input type="checkbox"/> Delete			
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:  BERNARD J. CHUINARD Date 4/8/06 Daytime Phone # 772 2996364 <small>SIGNATURE AND OFFICE OR RESIDENT NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					