2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 19, 2005 8:00 am Secretary of State

DOCUMENT # M0400002211 1. Entity Name VERO MANAGEMENT, L.L.C.					08-19-2005 90089 003 ****50.00					
Principal Place	e of Business	Mailing Address			7	ሪሀሀጋ	000 0			
936A BEACHLAND BOULEVARD, STE. 13 VERO BEACH, FL 32963 936A BEACHLAND BOULE VERO BEACH, FL 32963), STE. 13						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08172005	Chg-LLC	CR2E083 (10	/03)			
City & State		City & State			4. FEI Numb	215423	3		ed For pplicable	
Žip	Country	Zip	Coun	try	1	of Status Desired		Additio quired	nal	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Re	egistered Agent			
KEATING, KEVIN R 936A BEACHLAND BOULEVARD, STE. 13					Name Street Address (P.O. Box Number is Not Acceptable)					
VERO BEA	ACH, FL 32963	13		Oliber Address	(F.O. BOX NOME		·			
				City FL Zip Code						
8. The above the obligat	named entity submits this statement for	registere	ed office or registe	ared agent, or bo	oth, in the State of Flor		with, and	d accept		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if annicable (NOTE	Penetere	d Agent signature require	ad when reinstation)		DATE			
			. 1102/440010	C AGOIL SIGNATURE 160/OIL	M when renderand)		UAIE			
Fil Due t	ling Fee is \$50.00 by September 7, 2005						check payable Department of			
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Due t	by September 7, 2005	RS/MANAGERS	10.	E			Department of CHANGES	State	Addition	
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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)(i), 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 feceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE SUPPLIES PRINTED HAIRE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE