


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90026 021 \*\*\*138.75

<b>DOCUMENT # M04000004362</b> 1. Entity Name <b>VERO BEACH TITLE &amp; ESCROW COMPANY LLC</b>			
Principal Place of Business <b>3755 7TH TERRACE, SUITE 301 VERO BEACH, FL 32960</b>		Mailing Address <b>3755 7TH TERRACE, SUITE 301 VERO BEACH, FL 32960</b>	
2. Principal Place of Business - No P.O. Box # <b>2229 Falls Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>2229 Falls Circle</b> Suite, Apt. #, etc.	
City & State <b>Vero Beach, FL</b> Zip <b>32967</b>		City & State <b>Vero Beach, FL</b> Zip <b>32967</b>	
4. FEI Number <b>20-1686685</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LANDERS, DENIELLE C/O GRAND HARBOR MANAGEMENT LLC 3755 7TH TERRACE, SUITE 304 VERO BEACH, FL 32967</b>		7. Name and Address of New Registered Agent  Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hayes Street</b>  City <b>Tallahassee</b>	
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.		DATE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GRAND HARBOR MANAGEMENT LLC 3755 7TH TERRACE, SUITE 301 VERO BEACH, FL 32960</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4755 South Harbor Drive Vero Beach, FL 32967</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <b>Patricia Lannotti</b>		Date: <b>4/24/08</b> Daytime Phone #: <b>772-794-4396</b>	