


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90264 044 \*\*\*138.75

|   |   |                           |   |   |  |
|---|---|---------------------------|---|---|--|
| <b>DOCUMENT # M05000003715</b>  |   |                           |   |  |  |
| <b>1. Entity Name</b><br>VERO BEACH, LLC  |   |                           |   |   |  |
| <b>Principal Place of Business</b><br>2300 5TH AVE<br>VERO BEACH, FL 32960  |   |                           | <b>Mailing Address</b><br>2300 5TH AVE<br>VERO BEACH, FL 32960  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.       |   |   |  |
| City & State  |   | City & State              |   |   |  |
| Zip   | Country   | Zip                       | Country   | <b>4. FEI Number</b><br>20-5226478  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |                           |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |                           | <b>7. Name and Address of New Registered Agent</b>  |   |  |
| BARKETT, BRUCE ESQ<br>COLLINS, BROWN, CALDWELL, BARKETT AND GARA<br>756 BEACHLAND BLVD.<br>VERO BEACH, FL 32963   |   |                           | Name <u>Louis Lupin</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>ROSSWAY, MOORE &amp; TAYLOR</u><br><u>5070 N. Hwy 41A, Ste 200</u><br>City <u>VERO BEACH</u> FL Zip Code <u>32963</u> |   |  |
| <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.</b>  |   |                           |   |   |  |
| SIGNATURE <u>[Signature]</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |                           | DATE <u>1/23/08</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   |                           | <b>Make check payable to</b><br><b>Florida Department of State</b>  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |                           | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MULLIGAN, MATT<br>2300 5TH AVE<br>VERO BEACH, FL 32960 |                           | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                               |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| <b>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.</b> |   |                           |   |   |  |
| <b>SIGNATURE:</b> <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                           | Date <u>1/28/08</u> 800 707 8065<br><small>Daytime Phone #</small>  |   |  |