2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 22, 2006 08:00 AN DOCUMENT # M99000000103 1. Entity Name **Secretary of State** VERO PALM REALTY LLC Principal Place of Business Mailing Address 1400 90TH AVENUE 1400 90TH AVENUE VERO BEACH FL 32966 VERO BEACH FL 32966 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For 4. FEI Nümber City & State 06-1465574 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANDERSON, FREDA Street Address (P.O. Box Number is Not Acceptable) 1400 90TH AVENUE VERO BEACH FL 32966 City 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THE MGRM ☐ Delete TITLE ☐ Change Addition NAME NAME SANDERSON, OWEN MARK U000000477511 STREET ADDRESS STREET ADDRESS 1400 90TH AVENUE 04/06/06-80054-005 50.00 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 ☐ Change ☐ Add." ☐ Delete TOPE TITLE NAME NAME SANDERSON, FREDA STREET ADDRESS STREET ADDRESS 1400 90TH AVENUE CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32966 □ Address Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delele ☐ Change Addition. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition HILE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CMY-ST-ZIP ☐ Change Addis: Delete me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE