

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90022 041 ****50.00

DOCUMENT # L03000020811

1. Entity Name

LAKE VEC, L.L.C.



Principal Place of Business

195 CONCORD DR.
 CASSELBERRY FL 32707

Mailing Address

195 CONCORD DR.
 CASSELBERRY FL 32707



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

02-0681050

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VETERINARY EMERGENCY CLINIC OF CENTRAL FL
 INC ATTN: HOSPITAL ADMINISTRATOR
 195 CONCORD DR.
 CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PRIEHS, DANIEL	
STREET ADDRESS	9901 SOUTH US HWY 17-92	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DOUGLAS P MGRM	
STREET ADDRESS	195 CONCORD DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCABEE, SCOTT MGRM	
STREET ADDRESS	195 CONCORD DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUBINSTEIN, RICHARD MGRM	
STREET ADDRESS	195 CONCORD DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAYES, CHARLES M MGRM	
STREET ADDRESS	195 CONCORD DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARRINSON, RICHARD MGRM	
STREET ADDRESS	195 CONCORD DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, ROBERTE.	
STREET ADDRESS	2229 Boggy Creek Rd.	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: R. Marrinson, D.V.M.

3-28-06

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

Date

Daytime Phone #