



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90164 009 ****50.00

DOCUMENT # L00000016169 1. Entity Name 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.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip		Zip																																																																																																																											
Country		Country																																																																																																																											
4. FEI Number 59-3694759				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent CANADA, CAROLYN 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCABEE, SCOTT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4586 PALMELTOO AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL 32792</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARRINSON, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1080 W. HWY 434</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGWOOD, FL 32750</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, PAUL D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1491 EAST STATE RD 434</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER SPRINGS, FL 32708</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAYES, CHARLES M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>195 CONCORD DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CASSELBERRY, FL 32707</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CANNON, RANDALL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>753 FAIRBANKS DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL 32789</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUBINSTEIN, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1484 TUSCAWILLA RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OVIEDO, FL 32765</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Mgrm Priests, Daniel</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>9901 South US Hwy 17-92</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Maitland, FL 32751</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MCABEE, SCOTT		STREET ADDRESS	4586 PALMELTOO AVE		CITY-ST-ZIP	WINTER PARK, FL 32792		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MARRINSON, RICHARD		STREET ADDRESS	1080 W. HWY 434		CITY-ST-ZIP	LONGWOOD, FL 32750		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	WILLIAMS, PAUL D		STREET ADDRESS	1491 EAST STATE RD 434		CITY-ST-ZIP	WINTER SPRINGS, FL 32708		TITLE	MGR	<input type="checkbox"/> Delete	NAME	HAYES, CHARLES M		STREET ADDRESS	195 CONCORD DR.		CITY-ST-ZIP	CASSELBERRY, FL 32707		TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	CANNON, RANDALL		STREET ADDRESS	753 FAIRBANKS DR.		CITY-ST-ZIP	WINTER PARK, FL 32789		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	RUBINSTEIN, RICHARD		STREET ADDRESS	1484 TUSCAWILLA RD.		CITY-ST-ZIP	OVIEDO, FL 32765		TITLE	Mgrm Priests, Daniel	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	9901 South US Hwy 17-92		STREET ADDRESS	Maitland, FL 32751		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		
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																																																																													
SIGNATURE: _____ 2/3/05																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																																																													