


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90197 001 \*\*\*\*50.00

<b>DOCUMENT # L00000016169</b> 1. Entity Name <b>VEC, L.L.C.</b>					
Principal Place of Business <b>195 CONCORD DR. CASSELBERRY, FL 32707</b>			Mailing Address <b>195 CONCORD DR. CASSELBERRY, FL 32707</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06092007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>59-3694759</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>CANADA, CAROLYN 195 CONCORD DR. CASSELBERRY, FL 32707</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <u>Carolyn Canada</u> <span style="float: right;">June 9, 2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. MGR ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCABEE, SCOTT 4586 PALMETTO AVE WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR D. Paul Williams, DVM 383 Vista Willa Dr. Winter Springs, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARRINSON, RICHARD 1080 W. HWY 434 LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Richard Thompson, DVM 418 E. Alfred Street Tavares, FL 32770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, ROBERT E 2229 BOGGY CRK RD KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYES, CHARLES M 195 CONCORD DR. CASSELBERRY, FL 32707	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRIEHS, DANIEL 9901 SOUTH US HWY 17-92 MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBINSTEIN, RICHARD 1484 TUSCAWILLA RD. OVIDEO, FL 32785	<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.					
<b>SIGNATURE:</b> <u>C. Michael H...</u>				6/14/07    407-740-5500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					