


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90124 004 ***138.75

DOCUMENT # L03000046172 1. Entity Name VED, L.L.C.					
Principal Place of Business 6849 WEST CALUMET CIRCLE LAKE WORTH, FL 33467			Mailing Address 6849 WEST CALUMET CIRCLE LAKE WORTH, FL 33467		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 90-0197722				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, JACK S 9002 S.E. BRIDGE ROAD HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name <u>EDWARD MAYR</u> Street Address (P.O. Box Number is Not Acceptable) <u>CIRCLE</u> <u>6849 W. CALUMET CIRCLE</u> City <u>LAKE WORTH</u> <u>FL</u> Zip Code <u>33467</u>		
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><i>Edward Mayr</i></u> <u>1/16/08</u> DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYR, EDWARD 6849 W CALUMET CIR LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
SIGNATURE <u><i>Edward Mayr</i></u> <u>1/16/08</u> <u>(561) 722-0931</u>					