2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000112694

1. Entity Name
VEVA PROPERTIES, LLC

Principal Place of Business	Mailing Address
133 DRAGONFLY DRIVE JACKSONVILLE, FL 32259	133 DRAGONFLY DRIVE JACKSONVILLE, FL 32259

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

01142008   Chg-LLC   CR2E083 (12/06)

4. FEI Number
57-1234297

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
VEAL, FLOYD C 4683 CORRIENTES CIRCLE N. JACKSONVILLE, FL 32217	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 $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	MGR	TITLE		☐ Change ☐ Addition
NAME	VEAL, FLOYD C	NAME	U00000787419	
STREET ADDRESS	4683 CORRIENTES CIRCLE N.	STREET ADDRESS	01/17/08-80081-007 138.75	
CITY-ST-ZIP	JACKSONVILLE, FL 32217 ☐ Delete	CITY-ST-ZIP		
TITLE	MGRM	TITLE		☐ Change ☐ Addition
NAME	VAIL, JASON E MGRM	NAME		
STREET ADDRESS	133 DRAGONFLY DRIVE	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259 ☐ Delete	CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME	☐ Delete	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME	☐ Delete	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME	☐ Delete	NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME	☐ Delete	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 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: _Jason Vail_   1/13/08   904-483-6243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #