

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018806

Entity Name: VEONICS, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

1980 N. ATLANTIC AVENUE
SUITE 723
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

1980 N. ATLANTIC AVENUE
SUITE 723
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 20-4755602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON,, VICTOR M
3490 N. U.S. HIGHWAY 1
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRENCH, JOE L
Address: 1980 N. ATLANTIC AVENUE, SUITE 723
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM () Delete
Name: MCCLAIN, MICHAEL
Address: 17 NORMANDY COURT
City-St-Zip: BASKING RIDGE, NJ 07960

Title: MGRM () Delete
Name: FISHER, DAVID
Address: 150 LAKE POINTE DRIVE
City-St-Zip: FORT MILL, SC 29708

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRENCH, JOE L
Address: 1649 BAYSHORE DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOE FRENCH

MGRM

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date