

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067048

FILED
Apr 15, 2008
Secretary of State

Entity Name: VELDON VAN HOUTTE JACOBSON, LLC

Current Principal Place of Business:

234 LANCELOT ST.
ORLANDO, FL 32835

New Principal Place of Business:

6622 HARVEY STREET
ORLANDO, FL 32809

Current Mailing Address:

1400 OAKLEY ST.
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 56-2598035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN HOUTTE, DAVID
1400 OAKLEY ST.
ORLANDO, FL 32806 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: MGR () Delete
Name: VELDEN, NEIL
Address: 234 LANCELOT ST.
City-St-Zip: ORLANDO, FL 32835

Title: MGR () Delete
Name: VAN HOUTTE, DAVID
Address: 1400 OAKLEY STREET
City-St-Zip: ORLANDO, FL 32806

Title: MGR () Delete
Name: JACOBSON, JEFF
Address: P.O. BOX 224
City-St-Zip: OAKLAND, FL 34760

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VELDEN, NEIL
Address: 6622 HARVEY STREET
City-St-Zip: ORLANDO, FL 32809

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 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: DAVID T. VAN HOUTTE

VP

04/15/2008

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