

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075291

Entity Name: VE-BAY LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

7100 41ST ST.
VERO BEACH, FL 32966 US

New Principal Place of Business:

129 PRESTWICK CIRCLE
VERO BEACH, FL 32967 US

Current Mailing Address:

P.O. BOX 2287.
VERO BEACH, FL 32961 US

New Mailing Address:

129 PRESTWICK CIRCLE
VERO BEACH, FL 32967 US

FEI Number: 22-3938811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEADE, JEFFREY S
7100 41ST ST.
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

MEADE, JEFFREY S
129 PRESTWICK CIRCLE.
VERO BEACH, FL 32967 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEADE, LISA M
Address: 7100 41ST.
City-St-Zip: VERO BEACH, FL 32966 US

Title: MGRM () Delete
Name: MEADE, JEFFREY S
Address: 7100 41ST ST.
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEADE, LISA K
Address: 129 PRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL 32967 US

Title: MGRM (X) Change () Addition
Name: MEADE, JEFFREY S
Address: 129 PRESTWICK CIRCLE
City-St-Zip: VERO BEACH, FL 32967

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: LISA K MEADE

MGRM

04/30/2009

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