2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-14-2008 90045 024 ***143.75

L07000107237

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000107237

1. Entity Name
VETERAN CAB LLC

Principal Place of Business	Mailing Address
5264 NW CR 229 STARKE, FL 32091	P O BOX 1354 STARKE, FL 32091

01072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5264 CR 229	PO. BOX 1354
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STARKE, FL	City & State: STARKE, FL.
Zip: 32091 Country: Bradford	Zip: 32091 Country: Bradford

4. FEI Number: 06 1828443 ☐ 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
JONES, JAMES F 5264 NW CR 229 STARKE, FL 32091	Name: James F. Jones Street Address (P.O. Box Number is Not Acceptable) 5264 CR 229 City: Starke, FL Zip Code: 32091

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] James F. Jones JAN 8, 2008
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JONES, JAMES F P O BOX 1354 STARKE, FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JONES, STACY P O BOX 1354 STARKE, FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLIAMS, TRICIA M P O BOX 1354 STARKE, FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 904 964 9117 JAN 8, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #