

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042362

FILED
Apr 30, 2009
Secretary of State

Entity Name: VETERAN MANAGEMENT CO, LLC

Current Principal Place of Business:

3510 BEAU CHENE DRIVE
KISSIMMEE, FL 34746 US

New Principal Place of Business:

3509 BEAU CHENE DRIVE
KISSIMMEE, FL 34746 US

Current Mailing Address:

3510 BEAU CHENE DRIVE
KISSIMMEE, FL 34746 US

New Mailing Address:

3509 BEAU CHENE DRIVE
KISSIMMEE, FL 34746 US

FEI Number: 74-3258334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAZQUEZ, ROBERT L
3510 BEAU CHENE DRIVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

VAZQUEZ, ROBERT L
3509 BEAU CHENE DRIVE
KISSIMMEE, FL 34746 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: ROBERT VAZQUEZ

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAZQUEZ, ROBERT L
Address: 3510 BEAU CHENE DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: AMGR (X) Delete
Name: VAZQUEZ, REBEKAH B
Address: 3510 BEAU CHENE DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VAZQUEZ, ROBERT L
Address: 3509 BEAU CHENE DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

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: ROBERT VAZQUEZ

CEO

04/30/2009

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