


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90204 049 ***138.75

DOCUMENT # L07000039147	
1. Entity Name VEENA LLC	

Principal Place of Business 7251 HOLLOWELL DRIVE TAMPA, FL 33634	Mailing Address 7251 HOLLOWELL DRIVE TAMPA, FL 33634
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2. Principal Place of Business - No P.O. Box # 7037 W. Hillsborough AVENUE	3. Mailing Address 7037 W. Hillsborough AVENUE
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02222008 Chg-LLC CR2E083 (12/06)

City & State TAMPA, FL	City & State TAMPA, FL	4. FEI Number 20-8869349	Applied For Not Applicable
Zip 33634	Country USA	Zip 33634	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

DINANATH, EIKHRAM
 7251 HOLLOWELL DRIVE
 TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 Eikhran Dinanath DATE 3/7/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DINANATH, EIKHRAM	
STREET ADDRESS	7251 HOLLOWELL DRIVE	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DINANATH, ROOKMIN	
STREET ADDRESS	7251 HOLLOWELL DRIVE	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Eikhran Dinanath Date 3/7/08 Daytime Phone # 813-886-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE