


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90219 034 \*\*\*\*50.00

DOCUMENT # L97000001007					
1. Entity Name VELAND L.C.					
Principal Place of Business 2106 BISPHAM ROAD, SUITE B SARASOTA, FL 34231			Mailing Address 2106 BISPHAM ROAD, SUITE B SARASOTA, FL 34231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0807495	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATTERSON, JOHN 46 NORTH WASHINGTON BOULEVARD, SUITE 1 SARASOTA, FL 34231			Name <i>LPS Corporate Svcs Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>46 N. Washington Blvd</i> <i>Suite #1</i> City <i>Sarasota</i> FL Zip Code <i>34236</i>		
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 <i>E. J. Green</i> <i>Vice-President</i>			DATE <i>3/24/04</i>		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1071606 ONTARIO INC.	NAME			
STREET ADDRESS	253 ROBINA ROAD	STREET ADDRESS			
CITY-ST-ZIP	ANCASTER, ONTARIO, CANADA,	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALSALM L. CORPORATION	NAME			
STREET ADDRESS	95 ST. CLAIR AVENUE W., #1605	STREET ADDRESS			
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA,	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENDIANG HOLDINGS, INC	NAME			
STREET ADDRESS	158 WARRON ROAD	STREET ADDRESS			
CITY-ST-ZIP	TORONTO, ONTARIO, CA	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANVIN, INC.	NAME			
STREET ADDRESS	46 NO. WASHINGTON BLVD., #1	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	K.G.C. LTD.	NAME			
STREET ADDRESS	8 KING STREET E., #1400	STREET ADDRESS			
CITY-ST-ZIP	TORONTO, ONT., CANADA,	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>W J Green</i>			Date <i>3/24/04</i> Daytime Phone # <i>941 924 8786</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					