


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 23, 2006 08:00 AM
Secretary of State**

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



01052006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0807495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LPS CORPORATE SVCS BLVD
46 NORTH WASHINGTON BOULEVARD, SUITE 1
SARASOTA, FL 34236

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IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1071606 ONTARIO INC. 253 ROBINA ROAD ANCASTER, ONTARIO, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALSALM L. CORPORATION 95 ST. CLAIR AVENUE W., #1605 TORONTO, ONTARIO, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENDIANG HOLDINGS, INC 158 WARRON ROAD TORONTO, ONTARIO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANVIN, INC. 46 NO. WASHINGTON BLVD., #1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM K.G.C. LTD. 8 KING STREET E., #1400 TORONTO, ONT., CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/25/06 80025 012 50.00

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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: Cherie E. Lowe 1/18/06 941 924 8786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #