

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90026 043 ****50.00

0040389

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number **65-0807495**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PATTERSON, JOHN
46 NORTH WASHINGTON BOULEVARD, SUITE 1
SARASOTA FL 34231**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

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: *[Signature]* **SIGNATURE REQUIRED** *Mar 28 / 03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)