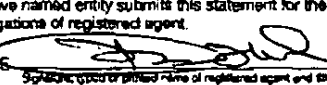


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/9/

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-09-2006 90001 036 ****50.00

DOCUMENT # L01000010865			
1. Entity Name VEDA, LLC			
Principal Place of Business 1660 S. TAMAMI TRAIL OSPREY, FL 34229		Mailing Address 1660 S. TAMAMI TRAIL OSPREY, FL 34229	
2. Principal Place of Business 8323 BARTON FARM Bldg Suite, Apt. #, etc. Sarasota City & State FL 34240 Zip 34240 Country USA		3. Mailing Address 8323 BARTON FARM Suite, Apt. #, etc. Sarasota FL City & State FL Zip 34240 Country USA	
4. FEI Number 65-1120433		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		CRZE083 (11/05)	
6. Name and Address of Current Registered Agent PATEL, NILESM 115 S. WILLOW AVENUE TAMPA, FL 33608		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 2/10/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GADHIA, PRAVIN 1660 S. TAMAMI TRAIL OSPREY, FL 34229 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, JAYESM 1660 S. TAMAMI TRAIL OSPREY, FL 34229 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, RAVINORA 1660 S. TAMAMI TRAIL OSPREY, FL 34229 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 603, Florida Statutes.			
SIGNATURE: 		DATE 3/16/06	
SECRETARY OR PERSONS OR PERSONS OF SECRETARY, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



ATTACHMENT

30002837

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

VEDA, LLC
8323 BARTON FARM BLVD
SARASOTA, FL 34240

Subject: VEDA, LLC

Reference Number: L01000010865

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ
ANNUAL REPORTS SECTION

To
Florida Department of State
Division of Corporation
P.O. Box 6478 Tallahassee
F.L 32314

We are sending the Registrars
from with all correction

P.O. BOX 6478 - Tallahassee, Florida 32314

Thanking

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