


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90239 020 \*\*\*150.00

<b>DOCUMENT # L04000072327</b> 1. Entity Name <b>VEDANT LLC</b>					
Principal Place of Business <b>1941 PAMLYNNE PLACE WINDERMERE, FL 34786</b>			Mailing Address <b>1941 PAMLYNNE PLACE WINDERMERE, FL 34786</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>201722020</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>AM&amp;E SERVICES LLC</b> <b>801 N. MAGNOLIA AVE SUITE 201</b> <b>ORLANDO, FL</b>			Name <b>Mahendra Parikh</b> Street <b>1941 Pamlynne Place</b> City <b>FL</b> Zip Code		
8. The above named entity submits 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>M. Parikh</i>			DATE <b>2/7/05</b>		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAHENDRA PARIKH</b> <input type="checkbox"/> Delete <b>1941 Pamlynne Place</b> Director <b>WINDERMERE, FLA 34786</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BINA PARIKH</b> <input type="checkbox"/> Delete <b>1941 Pamlynne Place</b> Director <b>WINDERMERE, FLA 34786</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANISH PARIKH</b> <input type="checkbox"/> Delete <b>7919 COURTLEIGH DRIVE</b> Secretary <b>ORLANDO, FLA 32835</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>M. Parikh</i>			Date <b>2/7/05</b> Daytime Phone # <b>407-288-1927</b>		

20024081



01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number **201722020** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AM&E SERVICES LLC  
801 N. MAGNOLIA AVE SUITE 201  
ORLANDO, FL

Name  
Street  
City  
Zip Code

**Mahendra Parikh**  
**1941 Pamlynne Place**  
**Windermere, FL 34786**

8. The above named entity submits 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 *M. Parikh* DATE **2/7/05**

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *M. Parikh* Date **2/7/05** Daytime Phone # **407-288-1927**