04/28/2006 13:43 4073327111 CHOKSHI ACCOL

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90054 025 ****50.00

DOCUMENT # L04000072327

1. Entity Name
VEDANT LLC

Principal Place of Business	Mailing Address
1941 PAMLYNNE PLACE WINDERMERE, FL 34786	1941 PAMLYNNE PLACE WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

04282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1722020
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARIKH, MAHENDRA
1941 PAMLYNNE PLACE
WINDERMERE, FL 34786

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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)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	PARIKH, MAHENDRA
STREET ADDRESS	1941 PAMLYNNE PLACE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	PARIKH, BINA
STREET ADDRESS	1941 PAMLYNNE PLACE
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	S
NAME	PARIKH, MANISH
STREET ADDRESS	7919 COURTLEIGH DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: M.V. Parikh 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #