



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000041093	
1. Entity Name VEDA CONSULTING, LLC	

Principal Place of Business 917 1ST ST. N SUITE 103 JACKSONVILLE BEACH, FL 32250	Mailing Address 917 1ST ST. N SUITE 103 JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE



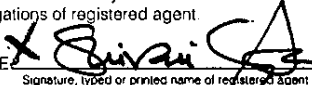
08212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3148440	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 GUPTA, SHIVANI V 917 1ST ST. N SUITE 103 JACKSONVILLE BEACH, FL 32250

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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: 9/8/28/07

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

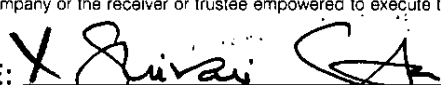
Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUPTA, SHIVANI V 917 1ST ST. N SUITE 103 JACKSONVILLE BEACH, FL 32250
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09/14/07-80004-010 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:  DATE: 9/8/28/07 DAYTIME PHONE #: 904-241-4010

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