

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122290

Entity Name: VEDA HOSPITALITY, LLC

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

872 ADDISON DRIVE NE  
ST. PETERSBURG, FL 33716

## New Principal Place of Business:

8323 BARTON FARM BLV  
SARASOTA, FL 34240

## Current Mailing Address:

872 ADDISON DRIVE NE  
ST. PETERSBURG, FL 33716

## New Mailing Address:

8323 BARTON FARM BLV  
SARASOTA, FL 34240

FEI Number: 26-1556237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VOIGT, STEPHEN F JR.  
2042 BEE RIDGE ROAD  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

PATEL, RAVI N  
872 ADDISON DR NE  
ST. PETERSBURG, FL 33716 US

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.

SIGNATURE: RAVI PATEL

04/25/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GADHIA, PRAVIN D  
Address: 8323 BARTON FARMS BLVD.  
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, RAVI N  
Address: 872 ADDISON DR  
City-St-Zip: ST.PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAVI PATEL

MGMR

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date