


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90219 034 \*\*\*\*50.00

<b>DOCUMENT # L97000001007</b>					
<b>1. Entity Name</b> VELAND L.C.					
<b>Principal Place of Business</b> 2106 BISPHAM ROAD, SUITE B SARASOTA, FL 34231			<b>Mailing Address</b> 2106 BISPHAM ROAD, SUITE B SARASOTA, FL 34231		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0807495	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PATTERSON, JOHN 46 NORTH WASHINGTON BOULEVARD, SUITE 1 SARASOTA, FL 34231			Name <u>LPS Corporate Sucs Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>46 N. Washington Blvd</u> <u>Suite #1</u> City <u>Sarasota</u> <b>FL</b> Zip Code <u>34236</u>		
<b>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.</b>					
SIGNATURE <u>E. J. Green</u> <u>Vice-President</u>			DATE <u>3/24/04</u>		
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 1071606 ONTARIO INC. 253 ROBINA ROAD ANCASTER, ONTARIO, CANADA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BALSALM L. CORPORATION 95 ST. CLAIR AVENUE W., #1605 TORONTO, ONTARIO, CANADA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENDIANG HOLDINGS, INC 158 WARRON ROAD TORONTO, ONTARIO, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANVIN, INC. 46 NO. WASHINGTON BLVD., #1 SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM K.G.C. LTD. 8 KING STREET E., #1400 TORONTO, ONT., CANADA,	<input type="checkbox"/> Delete			
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				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
SIGNATURE: <u>E. J. Green</u> <u>Donald Green</u> <u>3/24/04</u> <u>941 924 8786</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					