


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUL 11 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000002481
1. Entity Name
VALIDUS SERVICES, LLC



Principal Place of Business
10654 JUSTIN DRIVE
URBAN DALE, IA 50322

Mailing Address
10654 JUSTIN DRIVE
URBAN DALE, IA 50322

DO NOT WRITE IN THIS SPACE



06192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 42-1514245	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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIERKS, NEIL 10664 JUSTIN DRIVE URBAN DALE, IA 50322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CASPERS, JON 509 MAIN STREET, P.O. BOX 67 SWAKEDALE, IA 50477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROPER, DAVE Rick Rehmeier 3245 NO. 3600 E. 5234 Highway T KIMBERLY, ID 83341 Augusta, mo 63332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BULH, DON R.R. 2, BOX 108 2830 110 th St. TYLER, MN 56178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/14/06--01051--005 **50.00

DO NOT WRITE IN THIS SPACE

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: *Lal Dots* Date: 7-6-06 Daytime Phone #: 515 278 8002