

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90032 024 \*\*\*\*50.00

DOCUMENT # L01000022738

1. Entity Name

VALLEY OAKS ESTATES, LLC

**DO NOT WRITE IN THIS SPACE**

956177

2. Principal Place of Business

712 S. Oregon Ave

3. Mailing Address

712 S. Oregon Ave

Suite Apt. #, etc.

200

Suite Apt. #, etc.

200

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

Zip

33606

Country

4. FEI Number

02-0547716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Krusen, William A., Sr.

Street Address (P.O. Box Number is Not Acceptable)

712 S. Oregon Ave.

Suite 200

City Tampa

FL

Zip Code

33606

**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.

SIGNATURE

W. A. Krusen

4-25-02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME Krusen, W.A., Jr.  
STREET ADDRESS 712 S. Oregon Ave, Suite 200  
CITY-ST-ZIP Tampa, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME Krusen, Charles B.  
STREET ADDRESS 465 Park Ave., Apt. 13A  
CITY-ST-ZIP New York, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME Mayjos, Pamela  
STREET ADDRESS 350 E. 57th St., Apt. 15B  
CITY-ST-ZIP New York, NY 10022

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

W. A. Krusen, Jr.

4-25-02

813-837-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)