

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90119 004 \*\*\*\*50.00

**DOCUMENT # L01000022738**

1. Entity Name  
**VALLEY OAKS ESTATES, LLC**



Principal Place of Business  
**712 S OREGON AVE  
SUITE 200  
TAMPA, FL 33606**

Mailing Address  
**712 S OREGON AVE  
SUITE 200  
TAMPA, FL 33606**

**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**02-0547716**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KRUSEN, WILLIAM A SR.  
712 S OREGON AVE  
SUITE 200  
TAMPA, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
KRUSEN, W A JR  
712 S OREGON AVE, SUITE 200  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
KRUSEN, CHARLES B  
465 PARK AVE, APT 13A  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MEYJES, PAMELA  
350 E 57 ST, APT. 15B  
NEW YORK, NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:** \_\_\_\_\_

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

Date

Daytime Phone #

**4-30-04**

**813-837-3009**