

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

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**



04202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0547716

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. 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, 2005**

U000000361114

05/05/05-80044-024 50.00

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

**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.

Managing Member

4-25-05

813-837-3009

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

Date

Daytime Phone #