

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000009669

1. Entity Name
VALVIEW PROPERTIES, LLC



Principal Place of Business
**4913 SYLVAN OAKS DRIVE
VALRICO, FL 33594**

Mailing Address
**P.O. BOX 1255
TAMPA, FL 33601**



01292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3652573

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DANN ALLEN GREEN
4913 SYLVAN OAKS DRIVE
VALRICO, FL 33594**

**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	MGRM
NAME	GREEN, DANN ALLEN
STREET ADDRESS	4913 SYLVAN OAKS DR.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	MGRM
NAME	LANCASTER, SCOTT DAVID
STREET ADDRESS	13120 PRESTWICK DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	MGRM
NAME	LANCASTER, RUSSELL SCOTT
STREET ADDRESS	14703 LAKE FOREST DR
CITY-ST-ZIP	LUTZ, FL 33559
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000030481
02/04/04-80112-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the 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 #

1/29/04 (813) 624-9864