

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009669

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: VALVIEW PROPERTIES, LLC

**Current Principal Place of Business:**

4913 SYLVAN OAKS DRIVE  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1255  
TAMPA, FL 33601

**New Mailing Address:**

FEI Number: 04-3652573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GREEN, DANN ALLEN  
Address: 4913 SYLVAN OAKS DR.  
City-St-Zip: VALRICO, FL 33594

Title: MGRM ( ) Delete  
Name: LANCASTER, SCOTT DAVID  
Address: 13120 PRESTWICK DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM ( ) Delete  
Name: LANCASTER, RUSSELL SCOTT  
Address: 14703 LAKE FOREST DR  
City-St-Zip: LUTZ, FL 33559

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RUSSELL SCOTT LANCASTER

MGRM

02/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date