


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000021683</b> 1. Entry Name VALEN HOLDINGS, L.C.	
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Principal Place of Business 1902 HARBOR POINT CIRCLE WESTON, FL 33327	Mailing Address 1902 HARBOR POINT CIRCLE WESTON, FL 33327
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04052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 82-0570441	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  ROZENCWAIG, LESLIE ALAN P.A. ONE SE THIRD AVENUE, SUITE 960 MIAMI, FL 33131
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 the approver (FCI's Registered Agent signature required when changing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ROBAYO, JULIO CESAR 1902 HARBOR POINT CIRCLE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR RUBIO, PATRICIA 1902 HARBOR POINTE CIRCLE WESTON, FL 33327
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<p>U00000358585 05/04/05-80118-024 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia Rubio E. 04/20/05 9543898283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #