

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 13, 2005  
Secretary of State**

DOCUMENT# L02000026818

Entity Name: VALENTINE BROS., L.L.C.

**Current Principal Place of Business:**

2808 MANATEE AVENUE WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

2808 MANATEE AVENUE WEST  
BRADENTON, FL 34205

**New Mailing Address:**

FEI Number: 83-0338781      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PERRON, ANDRE R  
C/O OZARK, PERRON & NELSON, P.A.  
2808 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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: PERRON, ANDRE R  
Address: 2808 MANATEE AVENUE WEST  
City-St-Zip: BRADENTON, FL 34205

Title: MGRM      ( ) Delete  
Name: PERRON, NANCY M  
Address: 4012 9TH AVENUE WEST  
City-St-Zip: BRADENTON, FL 34205

**ADDITIONS/CHANGES:**

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: ANDRE R. PERRON

MGRM

01/13/2005

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