

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90179 030 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                              |                                                                                                                                         |                                                                                   |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000008583</b><br>1. Entity Name<br><b>VAL'S SHELVEING LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                              |                                                                                                                                         |  |                                                                   |
| Principal Place of Business<br><b>12571 LACEY DRIVE<br/>NEW PORT RICHEY, FL 34654</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                              | Mailing Address<br><b>12571 LACEY DRIVE<br/>NEW PORT RICHEY, FL 34654</b>                                                               |                                                                                   |                                                                   |
| 2. Principal Place of Business<br><b>5255 Rose Hill Dr</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | 3. Mailing Address<br><b>5255 Rose Hill Dr</b>               |                                                                                                                                         |                                                                                   |                                                                   |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | Suite, Apt. #, etc.<br>                                      |                                                                                                                                         |                                                                                   |                                                                   |
| City & State<br><b>Florida City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | City & State<br><b>FL</b>                                    |                                                                                                                                         |                                                                                   |                                                                   |
| Zip<br><b>34436</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | Country<br><b>U.S.</b>                                       |                                                                                                                                         | Zip<br><b>34436</b>                                                               |                                                                   |
| Country<br><b>U.S.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | Country<br><b>U.S.</b>                                       |                                                                                                                                         |                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>ESSER, VALERIE S<br/>12571 LACEY DRIVE<br/>NEW PORT RICHEY, FL 34654</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                   |                                                                   |
| 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.<br>SIGNATURE <u>Val S Esser</u> DATE <u>2-10-05</u><br><small>(Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                      |                                                                                                           |                                                              |                                                                                                                                         |                                                                                   |                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                         |                                                                                   |                                                                   |
| <b>9. MANAGING MEMBERS / MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                              |                                                                                                                                         | <b>10. ADDITIONS / CHANGES</b>                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MGR<br>ESSER, VALERIE J<br>12571 LACEY DRIVE<br>NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete |                                                              |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                           |                                                              |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                           |                                                              |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                           |                                                              |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                           |                                                              |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                           |                                                              |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.<br>SIGNATURE: <u>Val S Esser</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> |                                                                                                           |                                                              |                                                                                                                                         |                                                                                   |                                                                   |