

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000054172

1. Entity Name  
VALIANT PARTNERS, LLC



**FILED  
Mar 07, 2005 8:00 am  
Secretary of State**

03-07-2005 90058 042 \*\*\*\*50.00

Principal Place of Business  
4343 NORTH U.S. HIGHWAY ONE  
FORT PIERCE, FL 34946

Mailing Address  
200 SOUTH INDIAN RIVER DRIVE  
SUITE 301  
FORT PIERCE, FL 34950

2. Principal Place of Business

3. Mailing Address  
POST OFFICE BOX 4382

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
FT. PIERCE, FL

Zip

Zip

Country  
34948 USA

02252005 Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1638835	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLOYD, VINCENT A  
200 SOUTH INDIAN RIVER DRIVE  
SUITE 301  
FORT PIERCE, FL 34950

Name

Street Address (P.O. Box Number is Not Acceptable)

201 S. SECOND ST # 115

City

FL 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM  Delete  
NAME LLOYD, VINCENT A  
STREET ADDRESS 200 SOUTH INDIAN RIVER DRIVE, SUITE 301  
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 201 S QND ST # 115

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Vincent A. Lloyd* VINCENT A. LLOYD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-3-2005 7724666120  
Date Daytime Phone #