

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**


05 APR 13 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*B/K*



03212005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000092745</b>			
1. Entity Name VALENCIA DEVELOPMENT, L.L.C.		Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751	
Mailing Address 1551 SANDSPUR ROAD MAITLAND, FL 32751		3. Mailing Address P.O. Box 4961	
2. Principal Place of Business Suite, Apt. #, etc		City & State ORLANDO, FL	
City & State		Zip 32802	
Country		Country	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA, 390 NORTH ORANGE AVENUE STE 1100 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <i>TRICIA DODDY, MANAGER</i>		Date: <i>4/11/05</i> Daytime Phone #: <i>407-741-8500</i>	