2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05 APR 13 PM 12: 57 **DOCUMENT # L04000092745** SECRETARY OF STATE ALLAHASSEE. FLORIDA 1. Entity Name VALENCIA DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1551 SANDSPUR ROAD MAITLAND, FL 32751 MAITLAND, FL-32751 2. Principal Place of Business Mailing Address 7.0°. Box 496 Suite, Apt. #, etc. Suite, Apt. #, etc 03212005 Chg-LLC CR2E083 (10/03) Applied For Not Applicable City & State City & State 4. FEI Number DELANDO. Fl Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8&C CORPORATE SERVICES OF CENTRAL FLORIDA, Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE STE 1100 ORLANDO, FL 32801 City Zio 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR ☐ Change Addition TITLE Delete TITLE MISSIGMAN, PAUL MAME AMAIN 1551 SANDSPUR RD. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP MAITLAND, FL 32751 ☐ Delete MLE MGR ☐ Change Addition TITLE DOODY, TRICIA NAME NAME ISSI SALDSRUR RO. STREET ADDRESS STREET ADDRESS HAITLANDIFL 32751 CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Change **Addition** TAILE ☐ Delete M62 SCIARRIND, MICHAELJ. NAME NAME STREET ADDRESS STREET ADDRESS 1551 SAMPSPUR RD MAITLAND, FL 32751 CITY-ST-ZIP CITY - ST - ZIP TITLE Detele TITLE ☐ Change ☐ Addition NAME NAME 500050819845 STREET ADDRESS STREET ADDRESS 04/15/05--01006--018 **50.00 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Detele NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MILE ☐ Change ☐ Addition Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not quality 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: SIGNATURE AND EXPROPE PROTECT NAME OF SKINING MANAGING MEMBER MANAGES, OR AUTHORIZED REPRESENTATIVE

FILED