


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90216 006 ****50.00

DOCUMENT # L05000026094					
1. Entity Name VALENCIA REAL ESTATE, LLC					
Principal Place of Business 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901 US			Mailing Address 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2508168	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NASH, CHARLES I 440 SOUTH BABCOCK STREET C/O NASH & KROMASH, LLP MELBOURNE, FL 32901			Name Dean Mead Services LLC Street Address (P.O. Box, Apartment, etc. acceptable) 800 N. Magnolia Ave. Suite 1500 City Orlando FL Zip Code 32803		
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. DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., SOLE MEMBER SIGNATURE <i>Steven C. Lee</i> OF DEAN MEAD SERVICES, LLC STEVEN C. LEE, VICE PRES. 3/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete PEZZEMINTI, ALEXANDER 432 SOUTH BABCOCK STREET MELBOURNE, FL 32901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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 exemptions contained in Chapter 119, 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>Alexander Pezzeminti</i>			Alexander Pezzeminti 3/15/06 321-723-0651		
<small>SIGNATURE AND TITLE OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		