

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000032461

1. Entity Name
VALENCIA ESTATES, LLC



Principal Place of Business
225 S MERAMEC, STE 409
ST LOUIS, MO 63105

Mailing Address
225 S MERAMEC, STE 409
ST LOUIS, MO 63105



01182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2613694

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, MICHAEL J
200 S ORANGE AVE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROSENFELD JR, ROBERT L
225 S MERAMAC SUITE 409
SAINT LOUIS, MO 63105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THE RITA WOLFF EISEMAN LIFE ESTATE TRUST
225 S MERAMAC SUITE 409
SAINT LOUIS, MO 63105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THE ROBERT D WOLFF LIFE ESTATE TRUST
225 S MERAMAC SUITE 409
SAINT LOUIS, MO 63105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000697571
04/18/07-80045-021 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/5/07 314-862-0981