## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000069665

1. Entity Name

VAL PROPERTIES, LLC



**FILED** May 05, 2008 08:00 AN Secretary of State

Principal Place of Business

19250 REDBERRY COURT BOCA RATON, FL 33498

Mailing Address

19250 REDBERRY COURT BOCA RATON, FL 33498



03222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 05-0625232

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAHAV, AVY 19250 REDBERRY COURT BOCA RATON, FL 33498

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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 acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the purpose of changing its registered office or registered agent, or both in the State of Florida.	pt
	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)

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

- U00000947002 05/30/08-80072-001 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	LAHAV, AVY	
STREET ADDRESS	19250 REDBERRY COURT	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	MGR ·	
NAME	LAHAV, VERED	
STREET ADDRESS	19250 REDBERRY COURT	
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone 4