

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082305

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: VALLEY PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

1304 NORTH LAKE SHIPP DRIVE SW  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

**Current Mailing Address:**

1304 NORTH LAKE SHIPP DRIVE SW  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

FEI Number: 20-3331444      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET  
SUITE 205  
RIVerview, FL 33569 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VALLEY, RANDALL S  
Address: 1304 NORTH LAKE SHIPP DRIVE SW  
City-St-Zip: WINTER HAVEN, FL 33880 US

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: VALLEY, GRACIELA A  
Address: 1304 NORTH LAKE SHIPP DRIVE SW  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RANDY S VALLEY

MGRM

03/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date