2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000100853

Entity Name: VALIANT CAPITAL LLC

Current Principal Place of Business:

1044 SAN MARCO ROAD
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

PO BOX 1428
MARCO ISLAND, FL 34146

New Mailing Address:

PO BOX 61974
FORT MYERS, FL 33906

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MASSE, DAVID
1044 SAN MARCO ROAD
MARCO ISLAND, FL 34145 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: MGR ( ) Delete
Name: MASSE, DAVID A
Address: 1044 SAN MARCO ROAD
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: MASSE, NADIA
Address: PO BOX 61974
City-St-Zip: FORT MYERS, FL 33906

Title: MGR ( ) Change (X) Addition
Name: MASSE, CARLA
Address: PO BOX 61974
City-St-Zip: FORT MYERS, FL 33906

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: DAVID MASSE MGR 05/01/2007

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