


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

04-30-2007 90077 009 ****50.00

DOCUMENT # L05000118974			
1. Entity Name VALVE BODY TECHNOLOGY L.L.C.		Mailing Address 2780 NE 7TH AVE. POMPANO BCH, FL 33064	
Principal Place of Business 2780 NE 7TH AVE. POMPANO BCH, FL 33064		Mailing Address 2780 NE 7TH AVE. POMPANO BCH, FL 33064	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FERNANDEZ, MANUEL A 4031 EASTRIDGE CIRCLE DEERFIELD BCH, FL 33064		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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	MGRM FERNANDEZ, MANUEL A 4031 EASTRIDGE CIRCLE DEERFIELD BCH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>M. Fernandez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>4/04/06</u>	DeVine Phone #: <u>(954) 410-3970</u>

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4. FEI Number 26-0628471 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required