2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 JUL 16 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L06000110572

1. Entity Name
VALENTINE ACLF PROPERTIES LLC

07062007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
7400 SUN ISLAND DRIVE SOUTH UNIT #801 SOUTH PASADENA, FL 33707	7400 SUN ISLAND DRIVE SOUTH UNIT #801 SOUTH PASADENA, FL 33707
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, ALAN F ESQUIRE ALAN F. GONZALEZ, LL.M., P.L. 4600 W. KENNEDY BLVD., STE 100 TAMPA, FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 September 14, 2007

Make check payable to Florida Department of State

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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALENTINE, EUGENE 7400 SUN ISLAND DRIVE SOUTH UNIT #801 SOUTH PASADENA, FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100105503891 07/20/07--01036--018 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SESSLER, VICTORIA 7400 SUN ISLAND DRIVE SOUTH UNIT #801 SOUTH PASADENA, FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Eugene Valentine Mgr. St Pete Fla. 7-08-07 727-360-5788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #