

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117216

Entity Name: VALENCIA PARTNERS, LLC

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

9350 S. DIXIE HIGHWAY, SUITE 1480
MIAMI, FL 33156

New Principal Place of Business:

9350 S. DIXIE HIGHWAY
SUITE 1480
MIAMI, FL 33156

Current Mailing Address:

9350 S. DIXIE HIGHWAY, SUITE 1480
MIAMI, FL 33156

New Mailing Address:

9350 S. DIXIE HIGHWAY
SUITE 1480
MIAMI, FL 33156

FEI Number: 42-1718827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, ALEJANDRO G
9350 S. DIXIE HIGHWAY, SUITE 1480
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

ESPINO, LUIS
355 ALHAMBRA CIRCLE
SUITE # 801
CORAL GABLES, FL 33134 US

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: LUIS ESPINO

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANCHEZ, ALEJANDRO G
Address: 9350 S. DIXIE HIGHWAY, SUITE 1480
City-St-Zip: MIAMI, FL 33156

Title: MGRM () Delete
Name: GARCIA, GENARO R
Address: 9350 S. DIXIE HIGHWAY, SUITE 1480
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

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: ALEJANDRO SANCHEZ

MGRM

01/27/2009

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