2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L07000013173

Entity Name: THE VALENTINES LLC

Current Principal Place of Business:

2840 HUNTER STREET
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2840 HUNTER STREET
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 20-8383314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
800 LAUREL OAK DRIVE
#600 M&I BUILDING
NAPLES, FL 34108 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:	P	( ) Delete
Name:	VALENTINE, MICHAEL J	
Address:	1806 SE 6TH AVE.	
City-St-Zip:	CAPE CORAL, FL 33909	
Title:	VP	( ) Delete
Name:	VALENTINE, CONNIE	
Address:	1806 SE 6TH AVE.	
City-St-Zip:	CAPE CORAL, FL 33909	
Title:	VP	( ) Delete
Name:	VALENTINE, MATTHEW	
Address:	2840 HUNTER STREET	
City-St-Zip:	FORT MYERS, FL 33916	
Title:	VP	( ) Delete
Name:	VALENTINE, GREGORY	
Address:	2840 HUNTER STREET	
City-St-Zip:	FORT MYERS, FL 33916	
Title:	S	( ) Delete
Name:	VALENTINE, CONNIE	
Address:	2840 HUNTER STREET	
City-St-Zip:	FORT MYERS, FL 33916	
Title:	T	( ) Delete
Name:	VALENTINE, GREGORY	
Address:	2840 HUNTER STREET	
City-St-Zip:	FORT MYERS, FL 33916	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MATTHEW VALENTINE VP 01/15/2009

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