2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054138

Entity Name: VAN DELLEN, LLC

Address:

City-St-Zip:

P.O. BOX 156

HAINES CITY, FL 338450156

FILED Jul 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5 CYPRESS RUN 29620 A HWY 27 HAINES CITY, FL 33844 DUNDEE, FL 33838 **Current Mailing Address: New Mailing Address:** 5 CYPRESS RUN 29620 HWY 27 HAINES CITY, FL 33844 SUITE A DUNDEE, FL 33838 FEI Number: 26-0228100 FEI Number Applied For () 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: Name and Address of New Registered Agent: VAN DELLEN, TIMOTHY 5 CYPRESS RUN HAINES CITY, FL 33844 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition VAN DELLEN, TIMOTHY Name: Name: Address: P.O. BOX 156 Address: City-St-Zip: HAINES CITY, FL 338450156 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: VAN DELLEN, VIRGINIA 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: TIMOTHY VAN DELLEN MGRM 07/18/2008