

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093359

FILED  
May 08, 2008  
Secretary of State

Entity Name: VAALKLOOF PARTNERS LLC

**Current Principal Place of Business:**

3158 SW 153RD PATH  
MIAMI, FL 33185 US

**New Principal Place of Business:**

**Current Mailing Address:**

3158 SW 153RD PATH  
MIAMI, FL 33185 US

**New Mailing Address:**

FEI Number: 26-0886361      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:**

WOOD, OLGA  
3158 SW 153RD PATH  
MIAMI, FL 33185 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:**

Title: MGR ( ) Delete  
Name: WOOD, OLGA  
Address: 3158 SW 153RD PATH  
City-St-Zip: MIAMI, FL 33185 US

Title: MGR ( ) Delete  
Name: SANKARAN, ROHIT  
Address: 72 VEERAPPA NAGAR, ALWARTHIRUNAGAR  
City-St-Zip: CHENNAI, TN 600087 IN

**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: OLGA WOOD

MGM

05/08/2008

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