


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90026 003 ***138.75

DOCUMENT # L07000121226	
1. Entity Name VALRICO SOUTH INVESTORS, LLC	

Principal Place of Business 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236	Mailing Address 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota, FL Zip 34236 Country Sarasota
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03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1555410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent Name Goble, Richard E. Street Address (P.O. Box Number is Not Acceptable) 1990 Main St. Suite 801 City Sarasota FL Zip Code 34236	
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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 <i>Richard E. Goble</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4-23-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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 GOBLE, RICHARD E 1990 MAIN STREET, SUITE 801 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Richard E. Goble</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4-23-08 941 365-4617 <small>Daytime Phone #</small>