

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045222

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FLORIDA VALUE PARTNERS, LLC

**Current Principal Place of Business:**

1500 NEW BARN ROAD, SUITE 104  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

1500 NEW BARN ROAD, SUITE 104  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 26-2665962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

O'NAGHTEN, JUAN T  
2950 S.W. 27 AVE, STE 300  
MIAMI, FL 33133 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: MGR ( ) Delete  
Name: HALL, RONALD M  
Address: 15500 NEW BARN ROAD, SUITE 104  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: QUESADA, GUSTAVO  
Address: 15500 NEW BARN ROAD, SUITE 104  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: FARAH, EDWARD  
Address: 15500 NEW BARN ROAD, SUITE 104  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: PINA, ALCIO  
Address: 15500 NEW BARN ROAD, SUITE 104  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR ( ) Delete  
Name: VILLAR, REINALDO  
Address: 15500 NEW BARN ROAD, SUITE 104  
City-St-Zip: MIAMI LAKES, FL 33014

**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:

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: ALCIO PINA

MGR

04/29/2009

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