


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000000710 1. Entity Name KISSIMMEE VALUE OUTLET SHOPS, L.L.C.	
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Principal Place of Business 481 CARLISLE DR. HERNDON, VA 20170	Mailing Address 481 CARLISLE DR. HERNDON, VA 20170
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 54-0796577	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

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000831496
02/27/08-80021-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNION LAND & MANAGEMENT 481 CARLISLE DR HERNDON, VA 201704830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, DANIEL R 481 CARLISLE DR HERNDON, VA 201704830
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Vendor # divcorp Property KUOS
Check Description Professional fees
Acct. # 7170-00 Amt. 138.75

Invoice Total 138.75
Approved By RS Payment Date _____

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: DANIEL R. BAKER DRB **743-435-9335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone