## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 26, 2006 08:00 AM Secretary of State

DOCUMENT # M01000002579	

Entity Name
 VALUNET, LLC



Principal Place of Business

STREET ADDRESS CITY-ST-ZIP Mailing Address

120 INTERNATIONAL PARKWAY, SUITE 176 LAKE MARY, FL 32795 120 INTERNATIONAL PARKWAY, SUITE 176 LAKE MARY, FL 32795

## 

DO NOT WRITE IN THIS SPACE

04052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 87-0660006 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, G. VINCENT 120 INTERNATIONAL PARKWAY, SUITE 176 LAKE MARY, FL 32795

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both	, in the State of Florida. I am familia	r with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and into it applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006				
9	MANAGING MEMBERS/MANAGERS				<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLIANCE UNDERWRITERS, LLC 120 INTERNATIONAL PARKWAY, SUITE 176 LAKE MARY, FL 32795	- - 5			
THILE NAME SIREET ADDRESS CITY-SI-CIP				U00000534410 05/08/06-80011-015	50.00
Title Name Street address City -ST-Jip		و	DO	NOT WRITE	'
TITLE NAME STREET ADDRESS CITY-ST-ZIP			INT	HIS SPACE	
TITLE NAME STREET ADOKESS CNY-ST-ZIP					
TITLE NAME					

11. I hereby certify that the information supplied with this filing does not quality 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SOM SIGNATURE AND TYPED OR FRINTED HAME OF SIGNING MANAGING MEDICAL COMPTROLLER 12406 (407)333-00.

SIGNATURE AND TYPED OR FRINTED HAME OF SIGNING MANAGING MEDICAL COMPTROLLER 12400 Date Date Daylor Phone N