

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001906

FILED
Jun 12, 2004
Secretary of State

Entity Name: VALENTINO PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

7469 W. LAKE MEAD BLVD. STE. 200
LAS VEGAS, NV 89128

New Principal Place of Business:

Current Mailing Address:

7469 W. LAKE MEAD BLVD. STE. 200
LAS VEGAS, NV 89128

New Mailing Address:

PO BOX 1970
ST. PETERSBURG, FL 33731 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MEMBERS:

Title: MGR () Delete
Name: JULIAN, MICHAEL J
Address: 4516 CHELTENHAM DRIVE
City-St-Zip: BETHESDA, MD 20814

Title: MGR () Delete
Name: JULIAN, GINA C
Address: 4516 CHELTENHAM DRIVE
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JULIAN, MICHAEL J
Address: PO BOX 1970
City-St-Zip: ST. PETERSBURG, FL 33731 US

Title: MGR (X) Change () Addition
Name: JULIAN, GINA C
Address: PO BOX 1970
City-St-Zip: ST. PETERSBURG, FL 33731 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL J. JULIAN

MGR

06/12/2004

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