

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUL 11 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000002481

1. Entity Name
VALIDUS SERVICES, LLC



Principal Place of Business
10654 JUSTIN DRIVE
URBANDALE, IA 50322

Mailing Address
10654 JUSTIN DRIVE
URBANDALE, IA 50322



06192006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1514245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIERKS, NEIL 10654 JUSTIN DRIVE URBANDALE, IA 50322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASPER, JON 509 MAIN STREET, P.O. BOX 67 SWAKEDALE, IA 50477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROPER, DAVE Rick Rehmeier 3245 NO. 3600 E. 5234 Highway T KIMBERLY, ID 83341 Augusta, MO 63332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULH, DON R.R. 2, BOX 108 2830 110th St. TYLER, MN 56178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/14/06--01051--005 **50.00

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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: Lal Q. St. 7-6-06 515278-8002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #