

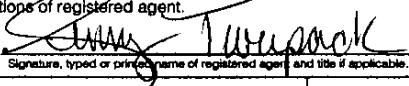


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90185 036 ****50.00

DOCUMENT # Z00582 1. Entity Name VALLEY VIEW GARDEN HOMES, L.C.					
Principal Place of Business 283 SABAL PALM TERRACE BOCA RATON, FL 33432			Mailing Address 428 S WASHINGTON ST P.O. BOX 1056 HAVRE DE GRACE, MD 21078		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 218 S. Washington St PO Box 1056			
City & State HAVER DE GRACE MD		City & State HAVER DE GRACE MD			
Zip 21078		Country USA			
4. FEI Number 65-0368811				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent GRAVENHORST, PAUL S. 283 SABAL PALM TERRACE BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  DATE 1/10/05 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAVENHORST, PAUL S. 283 SABAL PALM TERR. BOCA RATON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORKMAN, DAVID L. 878 N.E. 79TH ST. BOCA RATON, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROFESSIONAL MANAGEMENT INC 428 S WASHINGTON ST PO BOX 4056 HAVRE DE GRACE, MD. 21078	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Professional Realty Management Inc 218 S. Washington St PO Box 1056 HAVRE-de GRACE, MD-21078	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					