


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # Z00582 1. Entity Name VALLEY VIEW GARDEN HOMES, L.C.	
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Principal Place of Business 283 SABAL PALM TERRACE BOCA RATON, FL 33432	Mailing Address 218 S WASHINGTON ST PO BOX 1056 HAVRE DE GRACE, MD 21078
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DO NOT WRITE IN THIS SPACE



02062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0368811	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 GRAVENHORST, PAUL S. 283 SABAL PALM TERRACE BOCA RATON, FL 33432

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

11000001433396
03/01/06-80005-001 50.00

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAVENHORST, PAUL S. 283 SABAL PALM TERR. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROFESSIONAL REALTY MANAGEMENT INC 218 S WASHINGTON ST PO BOX 1056 HAVRE DE GRACE, MD 21078
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Sammy Turpark "AGENT" 2/16/06 410-939-0744 ext. 225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #