


FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A30095 1. Entity Name VAL-SAL INVESTMENTS, LTD.				Mar 05, 2004 08:00 AM Secretary of State	
Principal Place of Business 901 NORTHPOINT PARKWAY, SUITE 301 WEST PALM BEACH FL 33407		Mailing Address 901 NORTHPOINT PARKWAY, SUITE 301 WEST PALM BEACH FL 33407			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0195147	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, LAWRENCE E. ESQ. 11211 PROSPERITY FARMS RD STE. B201 PALM BEACH GARDENS FL 33410			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 _____ <small>Signature, typed or printed name of registered agent and state if applicable</small>					
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
\$1,884,439.00					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	G75558		STREET ADDRESS		
NAME	VAL-SAL INV. CO., INC.		CITY- ST- ZIP		
STREET ADDRESS	901 NORTHPOINT PKWY				
CITY- ST- ZIP	WEST PALM BEACH FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS					
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STREET ADDRESS					
CITY- ST- ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ DATE: 3-2-04					