2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)					576.25
DOCUMENT # A9900000134 1. Entity Name					5-26-25 SECRETARY OF STATE DIVISION OF CORPORATIONS
SUN VALLEY INVESTMENTS, LTD.					00 APR 27 PM 5: 27
Principal Place of Business 340 ROYAL POINCIANA WAY. SUITE 316 PALM BEACH FL 33480 Mailing Address 340 ROYAL POINCI PALM BEACH FL 33480 PALM BEACH FL 3					
Principal Place of Business 3. Mailing Address					(10 min (1
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State			City & State		4. FEI Number Applied For Not Applicable
Zip	Cour	ntry	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
ĸ	6. Name and Ad	ddress of Current Regis	tered Agent		7. Name and Address of New Registered Agent
PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD., SUITE 4874 MIAMI FL 33131-2398				Name	
				Street Addres	ss (P.O. Box Number is Not Acceptable)
				City	FL Zip Code
6 T 1		the state of the s	a veneral of abonding its ro	acistored office or regis	stered agent, or both, in the State of Florida.
8. The above	named entity submi	its this statement for the p	ourpose of changing its re	зуклегеа опце от гедн	stered agent, or both, in the state of honda.
SIGNATURE.	Signature, typed or printed	name of registered agent and title	if applicable (NOTE: F	Registered Agent signature requ	urred when reinstating) DATE
9. Capital Contributions as Shown on record: \$2,000,000.00 In FLORIDA to date					11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENER	RAL PARTNER THAT	IS A BUSINESS ENTI OT be changed on the	TY MUST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE. Jent must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION				13.	ADDRESS CHANGES ONLY
DOCUMENT# NAME STREET ADDRESS	P99000004608 SUN VALLEY MANAGEMENT COMPANY 340 ROYAL POINCIANA WAY, SUITE 316 PALM BEACH FL 33480			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT#				STREET ADDRESS	2000032426429
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	****676.25
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DOCUMENT# NAME				STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP				CITY-ST-ZIP	
DOCUMENT# NAME				STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	
14. Lhereby o	certify that the inform	nation supplied with this f	iling does not qualify for the	he exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

r nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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

