2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 21 PM 3:50

DOCUMENT # A99000000134

1. Entity Name
SUN VALLEY INVESTMENTS, LTD.

Principal Place of Business	Mailing Address
ONE NORTH CLEMATIS STREET, 2ND FLOOR WEST PALM BEACH, FL 33401	P.O. BOX 3435 WEST PALM BEACH, FL 33402

01212008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0911662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENT CORPORATE SERVICES, INC.
~~806 DOUGLAS ROAD~~
~~SUITE 580~~
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
REGISTERED AGENT CORPORATE SERVICES INC.
Street Address
355 Alhambra Circle, Suite 801
City
Coral Gables, FL 33134

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] 3/5/08
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

500123956255
04/18/08--01006--008 **500.00

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 #	P99000004608	STREET ADDRESS	
NAME	SUN VALLEY MANAGEMENT COMPANY		
STREET ADDRESS	ONE NORTH CLEMATIS STREET, 2ND FLOOR	CITY-ST-ZIP	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ✓ Alexander L. Fazio 4/9/08 786 364 8420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #