

2001 UNIFORM BUSINESS REPORT (UBR)

001073 AF

DOCUMENT # B00000000355
1. Entity Name
 THE VALLIE FUND, L.P.

FILED

Principal Place of Business **Mailing Address**
 9822 18TH DRIVE N.W. 9822 18TH DRIVE N.W.
 BRADENTON FL 34209 BRADENTON FL 34209

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business **3. Mailing Address**
 417 12th Street West 417 12th Street West
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste. 213 Ste. 213

DO NOT WRITE IN THIS SPACE

City & State Bradenton FL **City & State** Bradenton FL
Zip 34205 **Country** USA **Zip** 34205 **Country** USA

4. FEI Number 65-1058927 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name Robert Joseph Beasley
Street Address (P.O. Box Number is Not Acceptable) 417 12th St W. Ste. 213
City Bradenton FL **Zip Code** 34205

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.
SIGNATURE **DATE** 4/26/01

9. Capital Contributions as Shown on record. \$250,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT #	L00000013468
NAME	LONGBOAT GLOBAL ADVISORS, L.L.C.
STREET ADDRESS	9822 18TH DRIVE N.W.
CITY-ST-ZIP	BRADENTON FL 34209
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	417 12th Street W. Ste 213
CITY-ST-ZIP	Bradenton, FL 34205
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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** 4/26/01 **DAYTIME PHONE #** 941-747-7711

CR2E003 (11/00)