FILED

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 25, 2003 8:00 am Secretary of State DOCUMENT # L0200006243 04-25-2003 90757 039 ****50.00 1. Entity Name VALLEY INVESTMENTS, LLC Principal Place of Business Mailing Address 12355 CASCADES POINTE DR. 12355 CASCADES POINTE DR. **BOCA RATON FL 33428 BOCA RATON FL 33428** 3. Mailing Address 2. Principal Place of Business P. O. BOX 970141 Suite, Apt. #, etc. Suite, Apt. #, etc. TH CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State FLORIDA BOCA RATON 01-0670367 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33497-0141 DALM BEACH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHENG BOCK YED **BOCK YEO, CHENG** Street Address (P.O. Box Number is Not Acceptable) 12355 CASCADES POINTE DR. **BOCA RATON FL 33428** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Delete ■ Addition TITLE MGRM ☐ Change TITLE NAME NAME SEOK HEAN YED STREET ADDRESS STREET ADDRESS P.O. BOY 970141 BOCA RATON, FL 33497-0141 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE MURM NAME CHENG BOCK YED NAME STREET ADDRESS STREET ADDRESS P.O. BOX 970141 CITY-ST-7IP CITY-ST-7IP BOCA RATON, FL 33497-0141 Addition -MGRN= --- Change TITLE. —;-- 🗁 Delete 🌤 TITLE-->--NAME NAME CHENG HOCK YED P.O. BOX 970141 STREET ADDRESS STREET ADDRESS BOLA RATION, FL 33497-0141 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- 7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME

11. 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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP