

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000008598

FILED
Feb 12, 2003
Secretary of State

Entity Name: VALTYAST L.L.C.

Current Principal Place of Business:

375 13TH AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

375 13TH AVENUE SOUTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 03-0441926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEDUC, REJEAN
1001 NORTH FEDERAL HIGHWAY, SUITE 202
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

MAILLARD, JACQUES
375, 13TH AVENUE SOUTH
NAPLES, FL 34102 US

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: JACQUES MAILLARD

02/12/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MAILLARD, JACQUES
Address: 375, 13TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM () Change (X) Addition
Name: MAILLARD, ASTRID
Address: 375, 13TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM () Change (X) Addition
Name: MAILLARD, VALERIE
Address: 375, 13TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: JACQUES MAILLARD

MGRM

02/12/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date