


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 29 AM 10:00 TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000748			
VAL GROUP, L.C. C/O JAMES A. VALENTINE 2299 BUSSE RD. ELK GROVE VILLAGE IL 60007		1a. Principal Place of Business Address C/O JAMES A. VALENTINE <del>2299 BUSSE RD.</del> ELK GROVE VILLAGE IL 60007			
2. Principal Place of Business 525 EDMONT LN Suite, Apt. #, etc.		2a. Mailing Address 525 EDMONT LN Suite, Apt. #, etc.		3. Date Organized or Qualified 07/15/1996	
City & State PARK RIDGE, IL		City & State PARK RIDGE, IL		3a. State of Formation FL	
Zip 60068		Country USA		4. FEI Number 36-4093754	
5. Date of Last Report 03/05/1998		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC. 3953 W. W. KELLY RD. TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.		400002832254-3 04/07/99-01076-018 FL ***188.75 ***188.75			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NEW Registered Agent Signature required when reappointing)		DATE _____			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	VALENTINE, MATHIAS A	2299 BUSSE RD.		ELK GROVE VILLAGE IL	
MGRM	VALENTINE, MARY	2299 BUSSE RD.		ELK GROVE VILLAGE IL	
MGRM	VALENTINE, JAMES A	2299 BUSSE RD.		ELK GROVE VILLAGE IL	
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <u>MARY VALENTINE</u> 3/26/99 (847)698-4232					