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

Mailing Address

NAPERVILLE IL 80567-4527

PO-BOX-4527

## DOCUMENT # L9900002418

1. Entity Name

Principal Place of Business

1507 MAMMER CREEK

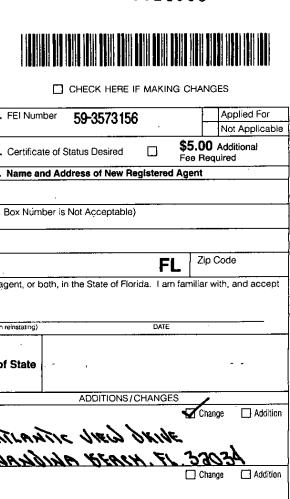
NAPERVILLE IL 00663

## VALHALLA INVESTMENT GROUP LLC.



FILED Jan 22, 2003 8:00 am Secretary of State 01-22-2003 90096 043 \*\*\*\*50.00

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| 2. Principal Place of Business  Stantil Velocity  Suite, Apt. #, etc.  3. Mailing Address  417 SAMEX R  Suite, Apt. #, etc. |                                                                       |                            | EX RD.                                                           | CHECK HERE IF MAKING CHANGES                   |                     |                                      |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------|------------------------------------------------------------------|------------------------------------------------|---------------------|--------------------------------------|
| City & Stat                                                                                                                 |                                                                       | City & State               |                                                                  | 4. FEI Number 59-357315                        |                     | Applied For                          |
| Sib<br>Sib<br>Sib                                                                                                           | Country Country                                                       | Zip<br>Zip                 | Country                                                          | 5. Certificate of Status Desired               |                     | Not Applicab  O Additional  Required |
| 6. Name and Address of Current Registered Agent                                                                             |                                                                       |                            | 7. Name and Address of New Registered Agent                      |                                                |                     |                                      |
|                                                                                                                             |                                                                       |                            | · Name                                                           |                                                |                     |                                      |
| HAY ESQ, JONATHAN L<br>1548 LANCESTER TERRACE<br>JACKSONVILLE FL 32204                                                      |                                                                       |                            | Street Address (P.O. Box Number is Not Acceptable)               |                                                |                     |                                      |
|                                                                                                                             |                                                                       |                            | City                                                             |                                                | FL 2                | Žip Code                             |
|                                                                                                                             | named entity submits this statement for<br>tions of registered agent. |                            |                                                                  | gistered agent, or both, in the State of Fl    | orida. I am familia | ar with, and accep                   |
| SIGNATORIE .                                                                                                                | Signature, typed or printed name of registered agent a                | nd title if applicable. (N | OTE: Registered Agent signature                                  | equired when reinstating)                      | DATE                |                                      |
|                                                                                                                             |                                                                       | Make Check Paya            | NOW!!! FEE IS \$50<br>able to Florida Depa<br>due By May 1, 2003 |                                                |                     |                                      |
| 9.                                                                                                                          | MANAGING MEMBE                                                        | RS/MANAGERS                | 10.                                                              | ADDITIONS                                      |                     | /                                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                       | MGRM CHAFFIN, TIMOTHY L 2752 SEA GROVE LANE FERNANDINA BEACH FL 32034 | ☐ Delete                   |                                                                  | जिस्री अभिकारिक ९६४<br>१९२४ क्रांचिस्ट्रियस्थे | JUNG                | Change □ Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                       | ·                                                                     | ☐ Oelete                   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |                                                |                     | Change Additio                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                       |                                                                       | ☐ Delete                   | TITLE NAME STREET ADDRESS (*CITY-ST-ZIP                          |                                                |                     | Change 🗌 Additio                     |
| TITLE                                                                                                                       |                                                                       | □ Delete                   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |                                                |                     | Change 🗌 Additio                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                       | -                                                                     | ☐ Delete                   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |                                                |                     | Change Addition                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                       |                                                                       | ☐ Delete                   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                            |                                                |                     | Change 🔲 Additio                     |

limited liability company or the receiver or trustee compowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: