

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90018 023 ***158.75

DOCUMENT # P96000079941

1. Entity Name
SPRING VALLEY GENERAL PARTNER, INC.



Principal Place of Business C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD., SUITE 310 WEST PALM BEACH, FL 33401 US	Mailing Address C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD., SUITE 310 WEST PALM BEACH, FL 33401 US
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04082008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0705379

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRAMER, HARRIS LLP
1555 PALM BEACH LAKES BLVD.
SUITE 310
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Harris Cramer LLP
Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Blvd.
Suite 310
City
West Palm Beach **FL** Zip Code
33401

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.

Harris Cramer LLP by Daryl Cramer & Associates, P.A., its Partner
By: Daryl B. Cramer, President **4/25/08**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
MYERS, WILLIAM P
105 WEST BEAVER CREEK UNITS 9 & 10
RICHMOND HILL, ONTARIO, CA 14b1c6**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
LUCCHESI, FABRIZIO
105 WEST BEAVER CREEK UNITS 9 & 10
RICHMOND HILL, ONTARIO, CA 14b1c6**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabrizio Lucchese **4-22-08**

Date

905-882-1212

Daytime Phone #